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ABSTRACT

The document reports on an international seminar on the role of recreational activities in the social integration of handicapped children. Chapter I presents concluding remarks by M. Neale about the seminar. Chapter II gives an overview of proceedings in the areas of social and philosophical change; theoretical considerations regarding integration; and key issues concerning leisure, play, recreation, handicap, and integration. Considered is the role of leisure activities, the arts, equitation, dance, and sporting and outdoor activities in the education of the handicapped. Chapter III contains findings of the working groups or the plastic arts, play, and music; pony riding; and sporting and other outdoor activities. A fourth chapter contains papers with the following titles and authors: "The Role of Play for Handicapped Children" (A. Giordano); "How Recreation Can Contribute to the Integration of Handicapped Children" (S. Tomkievicz); "Problem Solving Approach to the Social Integration of Handicapped Youth through Recreation Activities" (M. Manciaux); and "A Model of Social Integration of Handicapped Children through Recreational Activities" (M. Neale). An annotated bibliography of 70 references and the seminar schedule conclude the report. (SB)

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THE EDUCATION AND SOCIAL INTEGRATION
HANDICAPPED CHILDREN
THROUGH RECREATIONAL ACTIVITIES

Report of an International Seminar

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PARIS 1982

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Paris, March 1982

THE EDUCATION AND SOCIAL INTEGRATION OF HANDICAPPED CHILDREN THROUGH RECREATIONAL ACTIVITIES

Report of an International Seminar
organised by CERI/OECD
Deauville, France
22nd, 23rd and 24th June, 1981

> "The child shall have full opportunity for play and recreation, which should be directed to the same purposes as education; society and the public authorities shall endeavour to promote the enjoyment of this right ..."
>
> Rights of the child. Article 7, last paragraph
>
> Declaration of the U.N.O., 20th November, 1959

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INTRODUCTION

Humanistic goals are set by the UNO declaration of the Rights of the Child to have full opportunity for play and recreation, and "while agreement is usually general on the philosophy of integration implicit in such goals, opinion diverges, however, on how it is to be applied". In education, there is evidence that different countries are moving from segregated schooling, the degree of movement, style of teaching, training of personnel and modifications to basic regular education, constituting major sources of difference. However, the direction of all education until recently has been to work which can be conceptualised as the benchmark, the threshold by which individuals and society hitherto have decided who were "productive adults" and who were "dependent persons".

The concern with leisure, play, recreation and alternatives to work is timely. There is a growing worldwide recognition that the "work ethic" can no longer structure the life of all members of the community. Work in the conventional sense will endure, but new styles of work will emerge with alternatives that must serve to give purpose, structure, development opportunities, personal esteem and satisfaction to individuals. The significance in finding alternatives lies not only in the psychological consequences of large sections of unemployed persons adrift from a known psychological rudder, but also in the predictable fragmentation of societal bonds and values.

For severely handicapped persons, work has served both as a goal - a source of normal livelihood - and as a means for social and intellectual rehabilitation. It is not beyond the imagination to find alternatives but the substitutes, such as work, must trigger interest and channel energies into meaningful pleasurable acts that demand attention, decision-making and some creativity. Boredom, apathy and depression create a destructive cycle of distance between fellow members of society, loss of purpose, abandonment of hope, loss of personal identity affecting, through behavioural contagions, the well-being of the total social groups.

This report is based on the contributions and discussions of an International Seminar organised at the request of the French Authorities by CERI, OECD, in Deauville, 1981. Some 80 participants took as their focus recreational activities through which the social integration of handicapped persons could be facilitated. Seventeen Member countries were represented. Papers that present substantive arguments and positions are included while the recommendations of the working groups have been drawn from the discussion and reactions to the audio-visual materials presented, as well as from the group reports.

Aims of the Seminar

The main aims of this seminar were considered to be:

(i) To state the general issues of education and social integration for handicapped children, in particular their integration into community recreational activities.

(ii) To examine the role of the community in such integration: local authority action, fundamental role of specialist institutions or structures, access to facilities, costs of integration, role of the parents of handicapped children and role of the non-handicapped, both children and parents.

(iii) To analyse some experiments in integration in the following recreational activities:

(a) Plastic arts: drawing, painting, sculpture, theatre, music, dance. Play and communication by sensorial materials.

(b) Pony-riding. The child and the animal.

(c) Sporting and outdoor activities.

(iv) To look at possible ways of following up this Seminar, in particular by setting up a body for the purpose of international study of communication and exchange in the context of the reintegration of handicapped children through recreational activities.

Organisation of the Discussions

The general issues (item i) and the review of national and local practice (item ii) were taken up in plenary sessions. Three working groups respectively examined the following pilot experiment areas:

Group 1: Plastic arts and play.

Group 2: Pony-riding. The child and the animal.

Group 3: Sporting and outdoor activities.

Each working group examined a set of questions in the light of practical experience. These included:

(i) access to facilities (cultural, sporting) and the various integration procedures (activities during school and non-school periods, including holidays);

(ii) reciprocal effects of integrating handicapped children with other children; psycho- and sociological problems encountered;

(iii) therapeutic consequences;

(iv) problems of investment and operating costs of integration;

(v) national and local measures to encourage experiments in integration.

CHAPTER I

THE SEMINAR IN RETROSPECT

Concluding Remarks by the Chairman

by Marie D. Neale

Professor,Krongold Centre for Exceptional Children,
Monash University, Victoria, Australia

The conclusions at this Seminar require no extrapolation from me; it was, however, an honour to be given the opportunity to comment on so successful an event in my closing remarks as Chairman.

Firstly, it was an excellent idea in this United Nations' International Year of Disabled Persons to bring together so diverse an array of persons involved in the practical and theoretical issues of education, health, welfare, recreation, sport and outdoor activities, all with a view to the social integration of handicapped people within the community. The education of the handicapped adolescent, the school-to-work emphasis in preparing young people for employment, the roles and needs of parents of handicapped adolescents and the alternatives to work for severely handicapped people are all implicated in the well-being of the community. Sport and outdoor activities may represent an endeavour to cope with recurring complex social problems, but the decision to synthesize the philosophical, psychological and educational issues, in relation to reduced employment opportunities for all, is most timely.

Philosophical differences relating to the speed at which functional integration of handicapped persons can be achieved appear to have been related to historical and economic factors. Consensus appears to have been reached in the notion of a continuum of integration though damage to the cause could result if the concept is forced against social readiness for it. Nevertheless, it has been recognised that public consciousness and social action will develop if initiatives can be demonstrated to produce mutual benefits.

Education which provides tuition in self-care, in mobility, and in access to diverse forms of participation in leisure will facilitate the integration of, first the child and then the young adult into community leisure facilities. The media have an obvious part to play in giving a public forum to the talent that goes untapped in both handicapped people and others in the community. The media can also assist in the fund-raising that will be necessary for community facilities to be set up, supported or extended.

Some scepticism manifested itself as to how the goals of integration could be approximated through recreational activities. It is perhaps worth remembering that after a very slow start, action has quickly followed the recognition that the economic and social health of a community would be strengthened by the social rehabilitation of intellectually handicapped people who were once made dependent by institutional care. The education of severely retarded children has escalated since the 1950s, when, as a young person entering a profession, I was appalled at the lack of knowledge affecting the treatment of handicapped people. Children, whose language and learning processes had been affected by an accident or adverse pre-natal or post-natal factors, as in cerebral palsy and epilepsy mainly affecting the motor system and co-ordination of sensory information, were denied the stimulation, the social interactions and the structured education which every member of the community requires for self-realisation and for his moral orientation to the values of his society. Institutions which were meant to be a true asylum - a refuge for temporary respite - became unwittingly prisons. Our segregated schools with excellent records of special education, developed strategies, curricula, tools and equipment that were subsequently applied to the regular classroom. Their role in the integration of handicapped youth has yet to be more flexibly and realistically appraised (as both work and leisure skills require under-pinning), neither eliminating them, nor expanding them as isolated units from the rest of the school system.

Of particular interest in the Seminar was the question as to whether art, craft, music, movement, pony-riding, swimming, outdoor and camping activities, etc., if given prominence, would be employed as 'therapy', 'education' or as 'choices' of activity made by individuals for their leisure. This was not a mere retreat into philosophical debate for, indeed, the fun, pleasure, self-expression and creativity with which leisure is associated may never be known if instruction or remediation are over-emphasized in these activities. However, without structure and without the induction into preliminary skills, neither can pleasure nor personal idiosyncrasies be permitted to emerge. One might take heart from the fact that creativity even in the most handicapped, is intrinsic to human functioning. The wonder is that people conform and become 'standardized' in their behaviour. It has been my experience that as soon as a young person has learned a skill, whether it be to throw a Frisby or to roller-skate, he invents ways to make the skill more difficult, more interesting to himself and to the spectator. Piaget's hierarchical organisation of intelligence is obviously applicable.

There has been another happy side-effect of bringing diverse specialists together for this meeting. If the plastic arts, music, sport and outdoor pursuits are to be pursued satisfactorily, interdisciplinary teams must provide the necessary mix of knowledge and expertise. As has already been explained, the juxtaposition of specialists does not make a team, and with the wider involvement of young adults - volunteers and skilled participants of clubs - together with teachers and other professional people, more models of successful interdisciplinary ventures should be documented and distributed.

Equipment, toys, apparatus, protheses and mobility aids are essential. Technology can and must assist in adapting and creating equipment for use by handicapped people. It will need to be directed, for technology of its own accord will not move to social service. Yet there is already evidence that equipment and adjustment to facilities and buildings, made to help handicapped people, now assist access for a considerable number of non-handicapped people in the community, sustaining the possibilities for social interaction, individual mobility and autonomy, particularly for those with minor respiratory, cardiac and ageing problems. Two-seater, side-by-side tandem bicycles have given an impetus to volunteer arrangements for cycling, but human ingenuity must be stimulated beyond this example, to bridge the enormous gap between engineering skills, manufacturing and crafting and their use in assisting leisure programmes for all. The encouragement of human commitment might yet lead to some solutions in new employment avenues, since purpose and social functioning are integral to the health of a nation. Leisure is, after all, the other side of the coin to work.

This Seminar generated a number of recommendations for renewed vigour in tackling the problems of handicapped people and societal well-being. Parents and young handicapped people now have a voice in the direction of changes that affect them. They do not wish to be clients nor passive recipients of welfare benefits, a fact which all must understand.

Our recommendations have been for action, for strategies in implementing programmes, for acquiring examples of the reciprocal role of intervention and prevention in health and education, for documentation that will give a rich store of accumulating measures that bear positive relationships to employment and to leisure, to co-operative short-term manpower operations and for research. The Seminar has been a reality-based forum and in itself has served the flow of the information.

In conclusion, I am reminded that knowledge and constructive action have ensued from such sharing of ideas. Only twenty years ago, when I visited an institution as many as fifty little children affected by Downs Syndrome (mongolism) would be together in a ward. In torn clothes, often naked, they clamoured to touch me. Without speech, they spoke their human needs to be significant and loved by touching. We have come a long way since these days, but often with insufficient awareness of the needs of families for community support in maintaining their handicapped children in the community. In their closeness, however, to our everyday lives, the handicapped young people have also given us something. In touching us, they trigger our own resources - strength and ingenuity - to create a better life for all.

CHAPTER II

AN OVERVIEW AND SUMMARY OF PROCEEDINGS

by Marie D. Neale

1. Social and Philosophical Change

The gradual, persistent and more recently vigorous concern for the social integration of handicapped young people into the on-going life of the community has emerged over a period of thirty years with marked changes in philosophy. There has arisen, since the 1950s, beginning in Scandinavia and spreading through Europe to the United States, and across Member nations as far as Australia and New Zealand, a realisation that a philosophy which recognises the significance of individual well-being - the realisation of personal identity linked to the health and quality of life in a community - must take account of the current state of knowledge in science, technology and education.

Technology, which has radically transformed the fabric of feudal and industrial societies, linked outer space to the communication systems within the homes of everyone, enforced dramatic shifts in conceptual horizons by the in vitro engineering of human life, has been called to give account to the quality of the human condition. The disruption to traditional networks of relationships within the family, schools, universities, apprenticeships, workforce, social organisations, health-welfare agencies, has generated debate and search for solutions to the problems that have emerged as side effects of technology. The dislocation of masses of youth from the well-established lines of preparation for employment, vocation and participation in the life of the community is now viewed as both an educational and economic concern of global dimensions.

Within this framework, the rights of individuals assume strident intensity, while the dynamic inter-relationships of nations produce a sense of urgency for dialogue. Growth in the economic, environmental and scientific fields pose new, extraordinary, ethical, legal and academic questions. An educated populace, a large proportion without employment, a growing proportion of ageing but vigorous retired adults, an increasing number of young people with subtle forms of multiple sensory or motor handicaps, along with a group of severely to profoundly intellectually handicapped persons demand a fresh view of "balance" or "synthesis" of knowledge and action in the community. That this is an international trend is suggested by CERI research which indicates that in the Nordic countries, elderly and handicapped persons are being increasingly channelled out of the labour market to disability pensions. But, according to this view, disability pensions may help to aggravate inequality because they are primarily awarded to the most under-privileged - the elderly, single persons, the under-educated and the disabled or mentally handicapped. It may to be feared that disability pensions also have a negative impact on the self-esteem of those concerned as inability to earn one's own living can generate a sense of failure and inferiority. This might be into a "side role" which further impedes their rehabilitation.

Thus, the complexity of the issues for the handicapped adolescent, ideological, administrative, legal, educational, clinical and therapeutic, to which Tizard and Anderson, 1978, drew attention, has been exacerbated by the world-wide rise in unemployment in non-handicapped persons. And, as these authors point out, "there are no sharp boundaries separating handicapped young people from those who are regarded as normal, and at any one time as many as one third to one sixth of children will require some special service or other if they are to function well in school or society"(1).

2. Theoretical Considerations

If social and philosophical change have disturbed most nations of the world that is not to say that the problems of handicapped youth in either education or employment are perceived in the same light by OECD Member countries. Historical, cultural and economic differences are implicated in the subtle variations in views which reach to the very root of responsibility for action. Definitions of handicap, of the concepts of "normalisation" and "integration" vary from country to country. Yet, within the last three years, there have been major swings from the categorisation of people by means of handicapping conditions. The relativity of handicap to function has been recognised and the degree of functioning appropriate to particular situations demonstrated to have value in social and educational interventions. The distinction is made by Professor Michel Manciaux, elsewhere in this volume of proceedings from Deauville, between deficiency as an organic notion of lesion or lack, and the resulting incapacity which may affect function differentially, depending upon remediation; and the social notion of handicap as perceived by the subject and others. His definition has growing acceptance. Indeed, the term "handicapped" now remains as an overall, general descriptive term for those with special needs, mainly because of the difficulty in circumlocution created by more specific descriptive phrases, such as "the child with severe mental retardation" or "the child with severe, multiple disabilities".

Such distinctions, as described by Manciaux, lead more directly to appropriate reactions to assist young people, regardless of individual variations in growth, health or social conditions, to participate more effectively in the life of the community.

They reduce the social distance between those with handicapping conditions and those without handicapping conditions since, as Hobbs, 1975(2) pointed out, the very act of labelling sets children apart, may deny children their human qualities, and even within the school system, open or shut doors through the expectations generated by the label.

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(1) The Education of the Handicapped Adolescent. An Interim Report of the First Phase of the Project. OECD, Paris, 1978.

(2) Hobbs, N., The Future of Children. Jossey-Bass Publishers, San Francisco, California, 1975.

The recognition that the use of medical terminology for particular handicapping conditions may confuse or impede education or training for employment, has also contributed to a problem-solving approach to the integration of handicapped youth into society. Yet, it may be that time and experience will qualify or modify the harsh reactions to the medical model. Some of the difficulties encountered in the United States with the implementation of Federal Law 94.142, which in its philosophy captured the imagination of the world, could be attributed not only to economic outlay and State versus Federal responsibilities, but to the inadequate appreciation of the multifaceted health-interdisciplinary model. The de-segregation of schooling for handicapped children in the United States and in other countries, together with research into strategies of teaching and socialisation, Neale(1), might reflect the need for a fresh perspective of the unity of knowledge even at the level of individual functioning.

Thus, the understanding of particular syndromes, patterns of performance and profiles of attainment can be demonstrated to facilitate group interaction and teaching while still identifying specific individual goals for educational planning, particularly in early childhood. Structured peer relationships, handicapped with non-handicapped, in situ, in parallel play, in teaching basic skills of water safety and swimming, where differences in age and ability are minimised, in the conjoint construction of murals in artcraft, in the production of drama and musical performances, provoke natural positive relationships of assistance and awareness of mutuality. While not frequently articulated in conventional research documentation, it is clear that those specialists working with handicapped young people from many different countries have developed local variations of recreational forms, involving reciprocal effort between handicapped and nonhandicapped young people, through the plastic arts, drama, music, swimming, sport, pony-riding, farm and camping, canoeing, climbing, outdoor activities.

Integration and social rehabilitation: The dynamics of the social rehabilitation of intellectually handicapped persons, which emerged in the 1950s as a response of mental institutions themselves to their previous shortcomings to provide anything more than custodial care, have been employed extensively in the last two decades in education and workshop training. Within the workshop situation of work contracts, the development of efficient procedures that depended upon the team skills of non-handicapped persons working with those with physical disabilities, or intellectual or social handicapping conditions, preceded the current philosophical position of integration and normalisation.

Integration and schooling: In education, the significance of identification and 'imitation' as processes integral to learning brought into prominence 'structured interactions' in order that handicapped young children would be exposed to 'normal models'. Social change and the deeper involvement of community in commitment to human problems modified fundamental attitudes to minority groups, handicapped persons, unemployed youth, and to the rights of all members of a community to become what they may to their fullest potential through social relationships, human resources, material and technical development within their community.

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(1) Neale, M.D., Neale Scales of Early Childhood Development. Publisher: Science Research Associates, Sydney, Australia, 1975.
Neale, M.D., "Peers as Partners: Proceedings". A.N.Z.A.A.S. Conference, Auckland, New Zealand, 1978.

Integration and technology: Ensuing from such attitudinal change came the tools and the administrative structures and then legislation to effect transformations. Not only would schooling for the handicapped be affected in its curricula, but the trend to de-segregate facilities would gather momentum, and the very process of education would prepare young people for transition to the working social life of the community through structured school-work experience. Technology would complement human resources particularly where specialist personnel in education were scarce. A wave of interest in protheses, in aids for disabled persons, in modes of transport, in modifications to equipment, furniture, buildings, in computer-assisted instruction, in access to public places, reflected the sharpened awareness of the gaps to be bridged if integration were to be more than an idea.

Integration and institutions: Institutions began to realise how little they knew of the potential of their clients, of programming and of the effectiveness of co-operation with community facilities for therapeutic training and social projects. Technical and further education institutes became the focus of government funding with the view that these institutions, with minimal adjustments to their facilities and staffing, could respond immediately to the challenge of providing tuition for handicapped youth, updated remedial courses in the basic literacy/numeracy skills, and technical courses that might aid employment prospects but which would also influence positively the competence, autonomy and the self-esteem of those with handicapping conditions. Health and Social Welfare Departments, who, in general, carry the responsibility for domiciliary or institutional living of handicapped persons manifested a rapprochement with education, and in diverse ways, began to streamline their services, and evaluate the cost-effectiveness of programmes within and without the institutions. Their zeal in planning a 'new-look' has been however diminished somewhat by the economic difficulties which make employment and independent living of handicapped persons in the community a more complex problem, particularly with the rising cost of care and health services which must still be underwritten for the handicapped when they are integrated into the community.

Integration: A continuum of overlapping stages: To speak of integration in "all or none" terms would, however, be protesting too great an accord between diverse disciplines, and different countries. The delicate nature of 'social balance' is culturally derived as Professor Tomkievicz pointed out in his paper to the Seminar. Dr. Jerry D. Kelley of Maryland, United States, has described the term as reflecting a continuum from segregated activities and learning through to independent functioning in the community without special consideration or reference to disability or handicapping conditions.
Mr. George V. Cooke, drawing attention to the work underpinning the Warnock Report, 1978, reflected upon the broader concept of special education implicit in integration. Not only must one consider the 2 per cent of the population, who, because of severe chronic, limiting conditions, have hitherto been segregated, one must also reject the notion of treating within integrated settings two distinctive groups, the handicapped and the non-handicapped, for whom some treatment or special services may be necessary at some point in their school

to work life. In the words of the English report, it follows wholeheartedly that there will be support to "the principle of the development of common provision for all children". Consequent upon this assumption, Cooke has pointed out that the Warnock Report adopted the view that integration could be distinguished in three main forms, not discrete, but representing progressive overlapping stages of association, locational, social and functional.

Integration and education for leisure: As with more precise distinctions made in the terms of disability, and handicap, the definition of the three characteristics of integration, objectifies, sharpens and gives validity to planning, discussion and examples of integration. In this context, play, sport, the expressive arts, animals, and outdoor activities assume the role as media, par excellence, at each stage of integration. Each field demands the involvement of the artist, the specialist, the skilled performer, the inspiration of the achiever, together with the first-hand interaction of the handicapped person with the raw materials, with nature, with a range of human models, and with immediate biofeedback of their actions. Since none of these activities exists in a vacuum, the community facilities, the administrators, professionals and importantly, the parents of non-handicapped young people, are drawn into a creative exchange, clarifying relationships, purposes, means and ends.

Integration: The individual and special interest groups: While appreciating the subtle influence of community social tolerance to integration, it would be a distorted picture of the social forces at work if one did not present three other facets. Firstly, the views of handicapped persons themselves, secondly those of their families and thirdly those of the voluntary organisations must be considered. As special education has strengthened its theoretical base, broadened its curricula, obtained specialist training for personnel, secured identifiable employment openings and demonstrated quite remarkable success with integrating its graduates into the work-force, whether these be from the field of physical disabilities, visual or auditory impairment or severe mental retardation, the concept of integration has been viewed with some ambivalence by specialists in the field. Hitherto, for them integration had been a temporary planned set of experiences aimed at motivating handicapped young people for the monotonous, repetitive rehabilitative or therapeutic learning, for demonstrating realistic standards of 'normal' performance and for presenting an authentic future.

Moreover, unless young people resided in remote institutions, parents of handicapped youth characteristically have been identified with the special school, often providing the initiatives in obtaining buildings, funding, staffing and workshop contracts. In extra-curricular activities aimed at social integration of young handicapped persons, teacher-parent team partnerships in many instances are clearly acknowledged as without parallel. As primary instigators of specific voluntary organisations, they have undertaken public awareness campaigns, and have raised large sums to fund specific kinds of research. More recently, their original role has been modified as the voluntary organisations have become political pressure groups for government funding. However, as government and public have responded with policies of integration, the role of the voluntary organisations has to be adjusted.

Who shall speak for the handicapped? This has become a question for voluntary organisations and the public sector. Implicit in all leisure activities is communication - the corner-stone of research in special education. Today technology, building upon a hundred years of endeavour in diverse fields of handicap, has enabled handicapped persons to speak directly with others. Where speech is impracticable, the arts and sport and physical activities draw them into comfortable social situations where more vocal peers will speak for them. But the last word will surely go to the handicapped youth themselves, who like their age counterparts in universities and colleges, demand that studies and training be relevant to participation in the community in a style that will give dignity and quality to living. Leisure should be as important as work.

3. Key Issues

Leisure

The concepts of leisure, play, recreation and work, as indicated in the stated aims of this Seminar, are inseparable from a coherent policy of integration for handicapped persons. That recreation is a reciprocal state of work, representing the ebb and flow of human interaction with the environment, could probably be best understood in an environmental science. Ecological problems might then be tackled objectively. But in education and the social sciences, artificial demarcations leave their consequences so that argument still exists as to whether a handicapped child or young person has the same rights to play and recreation as other human beings.

The conjoint views of the Deauville Seminar emphasize the importance of leisure for the handicapped young person. Leisure, it was conceded, had not been sufficiently appreciated in its own right for all normal personal development. Thus, in the consideration of programmes for intellectually handicapped persons, leisure had not hitherto received the attention it warranted. Even where work does not apply in the conventional sense to the activities of young children, unemployed youth and handicapped persons, the right to leisure, a duration of time in which the individual freely chooses how he will spend that time and his energies, even if it is to do nothing, was upheld as a sign of healthy individual functioning.

Play

The philosophical, poetic, psychological and educational aspects of play are summarised in the papers of Giordano, Manciaux, Tomkievicz, Jeffree, Cheseldine and others. Suffice it here to indicate that play is for the young child both reality and the means for transcending reality in which actions, roles and rules carry no threat, power is not limited by size or infirmity, imagination has full rein, time is infinite. The whole world is within grasp and enjoyment, pleasure, happiness, contentment are the by-products of the discharge of emotions in idiosyncratic fashion.

The significance of play therefore in education as a process of intellectual growth as expounded by Piaget, in the themes of Froebel, Pestalozzi, Montessori, compensatory education by McV. Hunt, in the diverse therapies like those of A. Freud and M. Klein, calls for no argument. What is still debated is how the educational therapeutic treatment value of play shall make its separate contribution to the handicapped child's development while allowing him the right and freedom to play in his leisure time. Quite clearly, there are marked differences between specialists' disciplines and between cultures in the emphasis given to external forces, the manipulation of situations and the intervention in childrens' play when disability or handicapping conditions are present. In the Deauville Seminar these opposing views are expressed by the term 'opening out of the individual', the 'freedom of self-expression' and 'choice' as against those of 'behaviour therapy' and 'intervention'.

When a child cannot play, as Mrs. Dorothy Jeffree in her paper indicates, this is not the time "to call for a volunteer or to dip into the bag of scrap materials". Play, as in the Piagetian model, provides the sensory experiences which are the foundation of intellectual development. Yet, to trust that spontaneious play will emerge in a severely handicapped child, without a play group leader, a mother, a peer, a professional giving some guidance, is in today's state of knowledge a sin of omission. The evidence would suggest that time spent interacting with a handicapped child provides him with models of behaviour and incentives for voluntary play to occur.

The normal adult cannot live without leisure. Thus, as Cheseldine and Jeffree point out, the skills of work and vocational training may be insufficient for social integration of the handicapped adult. As with play, there is a place for an early induction into how to use leisure. That this may begin with assistance in the home to parents of handicapped young children may seem a logical step, to links to play groups and leisure centres and social clubs. Attitudinal change in parents as well as in professional education appears important in recognising that leisure is the other face of the work ethic.

Recreation

The term recreation emphasizes, as in play, the idiosyncratic juxtaposition of the individual's perceptions of his environment. He re-creates his life space. Recreation services the same goals as does play for the young child but is a term more frequently used with the school-age child, the adolescent, the young person, the adult. At this level, it connotes too some skill or acquired recognition of conventions or rules of conduct, whether this be in isolation, e.g. fishing, playing solitaire, reading, riding or whether it be in social interactions.

The forms of recreation are so diverse that they are often territory for new non-threatening experiences. One may simply sit and look at others in recreation. Where would our major sports be without spectators? The hierarchy of leisure pursuits is discussed in both papers by D. Jeffree and S. Cheseldine. Yet all too frequently, this fact has been lost upon those who care for handicapped persons. Moreover, wheelchairs today present no barrier to people participating in sport, in volley ball, racing, team games, archery, and disco-dancing. While this is recognised, the transfer of such ideas to practice in the field of the intellectually handicapped or those with multiple sensory physical handicapping conditions, calls for action and research. Ingenious community arrangements must be developed for the latter so that the pleasure, the motivation to open out, to move from within one's own perception and frame of reference, will emerge from the social relationships inherent in so many recreational activities.

Handicap

For our present purposes, the definitions proposed by Manciaux(1) have been adopted:

Deficiency: an organic notion of lesion, inadequacy, lack.

The resulting incapacity: a functional notion, and therefore a much more relative term, since it is not invariably proportional to the deficiency and can be remedied.

The handicap: a social notion par excellence; the gap between the subject's potential and group pressures; the gap as experienced by the subject himself and by others.

Integration

As interpreted by Working Groups, integration is defined as a continuum of overlapping stages.

The Warnock Report(2) phases provide objective ways in which discussion and plans of action can be conceptualised.

Locational: where facilities, special units, special arrangements for handicapped persons share the same site as others in the community.

Social: where interchange, between children with handicapping conditions, i.e. special needs, and others in the community, facilitates the acceptance of individual differences and naturally occurring relationships and friendships are given a foundation.

Functional: where locational and social arrangements permit the handicapped persons to participate part-time or fully, contributing to the conjoint activity or communal goals; where, as Manciaux has figuratively described it, 'each person must make some part of the journey towards the other'.

Education through leisure activities: Though education through recreational activities is incorporated in the theme of this Seminar, it was clearly seen in a limited operational sense as supporting the process of integration. There was general consensus that education, socialisation and instruction in basic curricula appropriate by age, ability and interest can aid integration. However, attitudinal changes, examples of the efficiency or economy, or the value in human well-being of integrative measures, will exert influence upon different cultures to move through each phase of integration for schooling at different rates.

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(1) Problem-solving approach to the social integration of handicapped youth through recreational activities. Paper prepared by Professor Michel Manciaux (see Chapter IV).

(2) Warnock, M., Special Educational Needs: Report of the Committee of Enquiry into the Education of Handicapped Children and Young People, H.M.S.O., London, 1978.

What is still difficult to obtain is a true rapprochement between classical European educational philosophy and the educational philosophy and practices of newer and developing nations. Specific subjects have traditionally enjoyed educational status. A hierarchical organisation of knowledge has been a ladder which the learner would have to climb, with clearly defined barriers of achievement to be overcome before the next rung of the ladder could be approached. That the world of work would then open out to the learner after climbing the ladder has not been in doubt until the recent world-wide social, technological reformation. Indeed, the right to climb the ladder was proclaimed as the means by which equality might be achieved between those without established material means for livelihood and schooling, and those whose circumstances permitted the long period of childhood and preparation for adult living.

The growing interest in the education and leisure of handicapped persons as with that of the non-employed persons in the community, recognises the interdependence of all social groups in the quality of the human surround, in which individuals will survive, and realise human needs for self-expression, subduing or sublimating distinctive energies through the civilising influences of the arts and sciences.

The Arts: The plastic arts, crafts, sculpture, music, poetry, literature, drama, are so richly diverse, involving skills that range from primitive simple reactions to the most sophisticated abstract symbolism and specialisation of techniques.

Their role in the cultivation of human expression, in their boundless forms for idiosyncratic creativity provide truly unique ways in which those injured, or limited, or non-handicapped, can develop. Those without physical disabilities, those who are intellectually handicapped, or who are intellectually gifted, those without formal education, those alienated from societal pressures and those seeking new intellectual horizons; all can also find, without competition, a meeting ground. This fact was illuminated in the Seminar by the film "Personimages", where within a centre, the artist provides the creative milieu for young people, regardless of ability or disability, to create a conjoint mural. To watch the young handicapped person contemplate the vastness of the blank canvas, to take up crayon, put it down, reflect, and, in the agony of decision, take the plunge to put the initial mark to the pattern, is to see all intellectual, social barriers between artist and scholar removed. The creative act reunites, despite wide variations in development, all members of the family of mankind.

Thus, the deliberations of the Seminar from the working groups and plenary discussions attest in a variety of ways to the unique role of the arts in the socialisation and integration process of the handicapped person. They underlie, however, the subtle role that is played by supporting the initiatives of young people with talent, of experienced artists and scholars, who can inspire and create an appropriate milieu - a meeting ground - for creative expression, for social interaction, and for meaningful ways to employ leisure.

Equitation, Animals, Youth Farms: Within the Deauville meeting, considerable deliberation was given to the sociological, psychological and educational concept of 'ponyriding' and the consequent attention to 'care' of ponies and horses as significant in the habilitation and development of the person with a disability or handicapping condition.

The initiation of the participants into this concept was made through the visit and practical demonstrations of ponyriding at Brimborion, Sèvres, France where the pony club provides opportunities for handicapped children to ride with other children of the community. The development of this approach to the socialisation and integration of handicapped young people is outlined in the paper given by Mr. Jean Laban, Vice President of the Pony Club of France and the document provided by Mme. Solange Polier, Professeur d'Education Physique et Sportive.

Mr. R. Moreau's report of the Working Group discussion takes further the role that pony-riding can play in overcoming the psychological obstacles to integration. Children seldom ride alone. Parents accompany children, handicapped and non-handicapped. Parents of handicapped children are not a species apart, their other children being the natural peers of the regular members of a pony club.

Difficulties that must be ironed out are more often those of financing, found in most countries, as in France [Mrs. Polier-Mr. Laban(1)], in the United Kingdom [Mrs. Yvonne Nelson(2)] and in the United States [Mr. Robert Douglas(3)]. All described initially private or individual ventures which have become successful. The idea, the initiative, the experiment, the resources, the implementation and problems of establishing a community service like a pony club may begin with individuals who have the imaginative skills, organisation and initial resources to demonstrate the effectiveness of their schemes. Over time, pony-riding has been shown to be a specific form of therapy, education and means for integrated leisure pursuits that unite a community in positive outdoor socialisation. Now financial arrangement must be put on a more stable basis with support from government funding.

What is special about pony-riding? All that has been claimed by the plastic arts in the opportunities that they provide for simple to complex social interactions and skills, initiating contact between handicapped and non-handicapped persons, and for opening up possibilities for individual initiatives, decision-making and for creative conjoint purposes can be reiterated in the concept of pony-riding.

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(1) The handicapped child and pony-riding in France: Facts, Trends and Problems, paper prepared by Mme. Solange Polier and presented by Mr. Jean Laban (available on request to the CERI Secretariat).

(2) The development of integration in riding in Great Britain, paper prepared and presented by Mrs. Yvonne Nelson (available on request to the CERI Secretariat).

(3) Report made to the Deauville Seminar by Mr. Robert Douglas, Director of the National Center for Therapeutic Riding, Washington D.C., United States.

Yet the protagonists of pony-riding would insist that the pony has a physique and temperament unique to each individual animal that responds to the human individual who rides it.

Mr. Gottfried von Dietze, in his film, has demonstrated that particular breeds of ponies have a particular combination of physique, temperament and intelligence which enables a sympathetic, sensitive interaction to occur between the disabled person and the animal.

Mr. Robert Douglas, himself suddenly dislocated, through multiple sclerosis, from his normal intellectual livelihood as a research worker in the National Institute of Health, United States, in 1972, has provided evidence of the therapeutic effects of a riding programme. He directs and teaches at Rock Creek Park Horse Center which has become the National Center for Therapeutic Riding, United States, making riding a weekly part of some 480 children's lives.

Mrs. Yvonne Nelson and Mrs. Jennifer Baillie, in their paper, presented yet another emphasis on pony-riding for the handicapped. The riding clubs in the United Kingdom have emerged from private clubs where members owned their ponies and rode for sport. The setting up in 1969 of the Advisory Council for the Disabled in Great Britain has led to quite striking increases in members of member groups, not only of physically handicapped riders, but also of mentally handicapped riders. But, as these authors and the group discussion indicated, there are problems of how socialisation and the richness of interactions made possible by many kinds of participants, ranging from volunteer instructors, helpers, non-disabled riders to disabled young people, can be extended to those young people who have minimal disabilities such as respiratory weaknesses or asthma or speech or behavioural difficulties.

The philosophical dispute between laying the foundations of skills for social integration through therapy, and education, is nowhere more apparent than in the discussion of pony-riding. As the protagonists contend, the careful structuring of five induction lessons to pony-riding (for example as in Douglas' film) can overcome realistic anxieties, and in turn produce a new sense of confidence and self-esteem that permits a young person to interact positively with non-handicapped peers in other situations. Likewise, the structured, sensitive teaching of care for the animal at the Fortune Centre, United Kingdom, the demands which the pony makes upon the rider, draws upon human resources to give care not often tapped in disabled and handicapped persons. Overall, the basic enjoyment of pony-riding, the mobility it offers, the opportunities which riding provides for social and geographic exploration, between all ages and despite all differences in physical and intellectual abilities, demand that professional instruction underpin this leisure pursuit. If, for no other reason than personal safety and concern for the safety of others, structure and induction into rules instil a natural incentive to acquiring self-confidence and personal esteem, and to establishing easy means to social interaction.

When living-in situations are created, as within centres and youth farms, as half-way situations between rehabilitation and functional integration, pony-riding, the care of animals, self-care and the acquisition of social values take on a natural unity.

Dance. "To dance with a smile" is Lilian Groves' description of the accompanying emotion of movement in dance. Rhythm and space and movement can interlock in a unique dynamic act of creation for the most physically handicapped person, and, in the dramatic expression of intent and emotion, human intelligence and adaptability are reinstated. Discussants at the Deauville meeting emphasized the importance of this medium where body awareness, inhibition, flow of movement, music, perception of symmetry and asymmetry, pattern and social interaction meet almost primitive urges to move, to touch, to create.

The wide range of accompaniment for dance, clapping of hands, tambours, xylophones, stringed instruments, piano, accordion, organ and taped discs, enables beginners and those with marked physical or intellectual handicapping conditions to experience competence and pleasure. Within groups, the individual can be as pre-occupied with his self-expression as he likes, but in practice subtle awareness of the others produces modifications in behaviours and the physical repertoire. The rhythm of accompanying songs exerts an influence on breathing and as in water-play, the first utterances, and smooth phrases of verbal expression, are induced.

Sporting and outdoor activities. "Not just a spectator", the title of the film which Miss Daphne Kennard, United Kingdom, presented at the Deauville meeting, appropriately sums up the goals of movement, motor skills, sport and outdoor activities for handicapped persons.

The crucial elements of the maturation process are activated in all physical and sensory growth. Mobility, in this context, is the catalyst in intellectual growth as in physical development. Information processing is facilitated by the actions and reactions of the individual and the co-ordination of sensory impressions. In the last decade, the awareness of the role of movement in psychological processes has altered significantly the therapeutic and educational programming for intellectually handicapped young people, those with cerebral palsy and other physically limiting conditions and particularly those with multiple handicaps.

Of considerable importance in facilitating movement, in stimulating the acquisition of "body-in-space" relationships, are water-play and the skills of swimming. Ms. V. Barclay, in presenting the film of the Halliwick method, demonstrated that severely handicapped adults could, despite being confined at other times to wheelchairs, move, roll, swim and enjoy swimming games and pattern-making in the water that made swimming a social interaction of paramount importance. "Aqua Percept", illustrated by Ms. Wendy Campbell of Canada, underscored the interaction between teaching and enjoyment of water skills as a leisure pursuit. Teaching for safety in the water is a correlate of exposing the young handicapped to the fun of beaches and swimming pools, but improved circulation, the maintenance of muscle tone, flexibility of limbs, range of movement in joints are the physical outcomes of swimming. Others would maintain that equally important consequences can be demonstrated in mental adjustment to "what", "how" and "where" concepts of the individual propelling himself in water. Each concept requires balance, the capacity to inhibit or facilitate breathing and movement, all of which are major skills in self-control. The sense of autonomy thus induced leads to a sense of individual dignity in the handicapped person. As many swimming teachers will indicate, the first words have been uttered by handicapped young people in response to the thrill of accomplishment in water.

Toys, balls, apparatus and equipment extend the range of human adaptability. For the handicapped child, lack of skill frequently means that destruction is the response to toys and equipment. For the intellectually handicapped, toys, in the past, have been insufficiently adapted to their sequential needs. Young adults have not always been taught how to handle themselves or equipment - their energies being dissipated in stereotypic movements, or self-preoccupation. Both technology and systematic teaching now combine to make ball handling, discus, archery and group sport viable options for handicapped young persons.

Social clubs, like that of PHAB in the United Kingdom, offer residential and holiday courses for both physically handicapped and able-bodied people to enjoy sport and leisure activities together. It is clear, however, that the participation, equality and integration of disabled people rest upon positive action to teach skills early, to encourage the location of leisure centres where all young people can meet without major physical or psychological barriers, and to promote the initiatives of young people and specialist clubs to include handicapped members. Perhaps the most illuminating example of the latter in the Deauville meeting was in the film presentation of the skills, judgement, courage and team spirit demanded of the individual when attempting to include intellectually handicapped youth in the sports of caving and rock-climbing.

The discussions of this theme, as Professor Ana Maria Benard da Costa points out in her report of the relevant Working Group, reflects the significance of outdoor activities in the "opening out" of the horizons of the child and young adult. The importance of the little-considered group of those with many sensory and physical handicaps but good intelligence (as stressed by Mme. Moumaneix) was also developed within this theme of group social activities, and in outdoor exploration, holiday camping and the use of volunteer workers, as described by M. Bottemanne of France and in the Youth Farms illustrated by Ingeborg Dillenburger, Germany.

Experience in Norway: The paper presented by Mrs. N. Kahrs and Mrs. M. Sorensen(1) drew attention to another aspect of sport as promoting integration. Many kinds of sport are possible for those with visual impairments when a sighted person becomes a partner, e.g. rowing, mountain marathon running and hiking. When it is recognised that these activities could be equally appropriate to intellectually handicapped youth, the need, to which these writers point, for motivated instructors to assist in such sport and socialisation programmes specifically for them becomes immediately apparent.

Important consequences of a philosophy of sport as a possible choice for leisure time, and the willingness of normal social clubs to accept handicapped persons, are the development of programmes that are increasingly adapted to the specific needs, disabilities and handicapping conditions of individuals. The dissemination of ideas and techniques across the board is required. The other feature to which attention must be given is the distinction between sport for pleasure and sport for competitive purposes. In competitive sport, where handicapped persons wish to participate, architectural barriers must be removed. As with other forms of leisure activity, sporting and outdoor participation of the total community demands the development of facilities which are accessible to everyone.

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(1) Integration of the Handicapped in Sporting and Outdoor Activities: The Norwegian Experience, paper prepared and presented by Nina Kahrs and Marit Sorensen, Norway (available on request to the CERI Secretariat).

The media are clearly important in the fresh orientation to integration through recreational activities. Audio-visual facilities in homes and public places make it practicable to demonstrate to the community at large, examples of successful forms of social integration. The media can also provide schools and institutions with documentary evidence of techniques and progressions in skill acquisition, using highly skilled performers and instructors working with young people with diverse handicapping conditions. Exposition of examples of the success of handicapped individuals, of particular initiatives, and of the significance of assistance from skilled volunteers, are all likely to enhance community action towards social integration.

4. Points of Consensus

No list of conclusions or recommendations was drawn up for formal acceptance in plenary session. Nevertheless, from the contributed papers, discussions and reports of the three Working Groups, it was possible to discuss the development of a number of ideas that gained sufficient consensus to be regarded as conclusions - albeit informal ones. To my mind, the most important were the following:

- That general acceptance of leisure as a right of the handicapped child and young adult, as recommended during the Seminar, should be followed up with documentation, the sharing of information, the organisation of conferences and the interchange of trained personnel to promote the activation of this right.

- That national and other authorities and training institutions should give due recognition to the dynamic force of play, recreation and sporting activities in welding together the young and the old, the handicapped and the unimpaired, the employed and the non-employed within the community.

- That further attention should be drawn to the diversity of the plastic arts, crafts, music, swimming, riding, athletics, sport, camping and outdoor sports as rich sources of stimulus to growth and development, physical, intellectual and emotional, serving both therapeutic and leisure needs.

- That the organisation of outdoor activities for those young people with profound, severe, intellectual and physical disabilities or handicapping conditions be given urgent attention. Services to this group of people as to those who have multiple minimal sensory and physical disabilities affecting mobility, but not necessarily intelligence, have been neglected through lack of interest, knowledge and skilled assistance.

- That community facilities be open without restraint to the families of handicapped persons as to the rest of the community.

- That specific initiatives in pony-riding centres receive support in that they meet unique needs for the handicapped child with regard to social integration, enjoyment and the therapeutic dimension.

- That the integration of handicapped people through recreational activities be supported by educational, specialist, professional and volunteer assistance.

- That community initiatives be given visibility and support in creative ventures, clubs, holiday facilities and leisure centres where the needs and views of handicapped persons themselves are incorporated into the project and on-going socialisation of all members without distinction.

- That all architectural barriers to sporting and leisure activities be abolished and that new facilities give due consideration to innovative, inexpensive ways of easing access for those who are handicapped.

- That training institutions incorporate into the programmes of professional preparation, the philosophical, psychological, educational and practical skills required for leisure progammes in the community, for handicapped as for non-handicapped persons.

- That the media, radio and television be encouraged to demonstrate talent, ingenuity and co-operative ventures which give mobility, wider horizons and recreation to the handicapped and their age peers in the community.

- That concerted action be taken to the systematic assembly of documentation and its distribution to the public illustrating ways in which leisure and employment opportunities channel the creative energies of handicapped and non-handicapped youth.

- That technology be exploited to the full in providing aids and equipment which promote mobility and communication for the handicapped, particularly sporting equipment which induces partnerships to become viable between handicapped and non-handicapped.

- That governments, central, regional and local, should make specific budgets to co-ordinate efficient, imaginative projects of community experiments, private ventures, co-operative youth facilities, educational programmes, holiday and youth centres, farms and clubs towards the goal of social integration of handicapped people through recreation.

CHAPTER III

REPORTS OF THE WORKING GROUPS

Group n° 1

The Plastic Arts, Play and Music

Chairman : Dr. Jerry Dean Kelley, United States
Rapporteur: Mrs. Nancy Breitenbach, France

Our task was extremely difficult in that we were given a vast area to cover. Sports and work with animals are apparently more easily defined than the enormous field covered by plastic arts, play and music. In fact, this area was so vast that we did not try to make any distinction between the different types of artistic activity. This kind of reflection would have required far more time than we had.

The delegates in this Working Group represented three major groups in more or less equal proportions. There was a large number from France, about as many people from the English-speaking countries, and a third group representing other European countries. This made for a great variety of experiences and offered a certain amount of conflicting philosophy.

In this report, I am going to try simply to retrace various ideas that came up during our day's work.

To begin with, many of our conclusions apply as much to all children as to the specific group called the handicapped. Secondly, the cultural distinctions opposing work and recreation do not necessarily apply in working with handicapped children nor with children in general. Nevertheless, since the same activities may have multiple potentialities, it may be advisable to allot separate times and spaces to activities where the recognised priority is relaxation, recreation and enjoyment. The necessity for activities providing pleasure for its own sake must be recognised. It should also be pointed out that the decision to spend one's leisure time doing nothing can be a positive choice.

We felt that recreational activities have a unique value for the disabled, specifically in the area of success. The emphasis is on what one can do, rather than what one cannot do. Progress is defined only by comparison with one's own potential, not with others' or by others. And the reinforcement of success develops independence and self-achievement, whereas the handicapped have relatively few opportunities to create this sense of identity in other fields.

A major theme in our discussion was that of free choice. The handicapped may not know how to use their leisure time and may have to learn how to do so through structured activities. On the other hand, recreational activities can offer more opportunities for free choice and decision-making than educational or therapeutic activities.

The selection of materials and toys in particular should allow for choices and stimulate freedom of utilisation and imaginative play. Educational toys too often provide for concrete learning experiences that offer few alternative functions.

The choices offered with regard to recreational activity should take into consideration the handicapped person's future opportunities to pursue favourite activities after he or she has left the particular institution.

These ideas, of course, relate to all recreational activities, not specifically the plastic arts, music and play.

We also discussed why integration through recreation, and came up with a certain number of ideas. First of all, recreation tends to be an open ground for human interaction and experience. It cuts across social barriers limiting individual development and social contacts. As such it appears an appropriate area for facilitating integration.

Motivation does not necessarily come from the activity itself, but from the social relationships inherent in the activity. As children get older, the peer group becomes more important and recreation provides group activity and encourages mixing. Furthermore, personal achievements through recreational activities lead to social recognition and acceptance.

Integration into the greater community requires selfconfidence and abandonment of the supportive setting, be it the family or the institution. Learning to express preferences and make commitments through recreational activities can develop the self-confidence and autonomy necessary for such a move.

And lastly: integration of the handicapped child into the general social structure is important; however we also noted that the community at large is to some degree kept distant from the institutions. An effort should be made to explore possibilities for interaction between handicapped children who are institutionalised and members of the non-disabled community. In this effort to promote exchange in both directions, care must be taken to secure the privacy of the disabled child and his or her family. The child should never be exploited or put on display.

We tried to discover what was the specific contribution of the plastic arts, play and music, to see what differentiates this type of recreational activity from the types which the other Working Groups were discussing. Here, we have eight ideas to put forward.

First of all, artistic activities offer a special freedom and independence in the type of activity chosen and the manner in which one can participate.

Secondly, they provide many alternatives for the different types of handicap. Every category can find some form of participation and perhaps even attain excellence, whereas in sports, for example, superior achievement can be rather rare.

Thirdly, artistic activities result in significant objects or events created in time and space. This tangible product, however important it may be, is no more important than the creative process itself which brings growth and satisfaction.

Fourth: art is a form of experimental education as opposed to skill learning. Progress cannot be gauged objectively; the pleasure, valorisation and social recognition procured by participation in artistic activities do not depend on a competitive system. This releases the individual from certain value judgements.

Fifth: art offers opportunities to fix images and develop intellectual concepts; this aspect can be of special importance for the mentally handicapped. Handicapped persons are essentially deprived of the means for self-expression. Artistic activities can fulfil their need for expression and communication. Next, artistic expression has universal forms which all people can appreciate. Therefore, the handicapped and the non-disabled have a common language and a common ground where they can meet and accept each other.

And lastly, the arts allow the handicapped person to transcend his difficult condition.

We decided on a few recommendations. It is quite likely that they parallel the conclusions of the other Working Groups.

First of all, we suggest that information circulate more freely. The lack of information was an obvious problem, even within our Group. An international documentation centre would be invaluable, to assist communities in surveying local services and resources available to the handicapped, to promote studies on how programmes and services could be more fully utilised, to collect and distribute information on new methods and approaches to recreation for the handicapped, and to pursue research on the specific effects of recreational activities for handicapped children. I would like to point out that there is increasing demand for such a centre, as witnessed not only by this Seminar but by the SHAPE Conference organised by the Central Bureau in London six months ago, and the official mission assigned recently to Mlle Geneviève Gallot by the French Ministry of Culture and Communication.

Secondly, it is possible that if appropriate legislation were passed recognising recreation for the handicapped as a legitimate activity, public opinion and official funding would follow. This has apparently been the case in the United States, to give one example.

Thirdly, the promotion of recreational activities for the handicapped could create new occupations at a time when unemployment is of special concern. These openings could even bring handicapped individuals into the work force. We realise that professionals working with the handicapped have long depended on volunteers as a source of manpower, and we will probably continue to rely on them in the future. However, the social situation is changing and we must look to new sections of the population. The British solution of recruiting unemployed juveniles is one possibility; another is attracting older people who have left the work force. Yet we recognise that volunteers are not a sufficient solution. Work with the handicapped requires a basic professional competence and, in the case of recreational activities, a specific proficiency ensuring the children's successful participation. Where volunteers are used, it is essential that professionally trained staff be present to supervise.

Fourthly, we recommend that specialised training be available for pre-service and in-service preparation as well as for volunteer workers.

Fifthly, financial support is necessary. Funds must be found in order to create recreational services where needed (it is obvious that some countries have a far more developed structure than others), to train and employ personnel, and to provide well-adapted recreational equipment and technical aids facilitating participation.

And our last recommendation concerns transport: the question of transportation to and from recreational activities when institutions are geographically distant. One delegate requested research to improve the equipment which ensures mobility, wheelchairs in particular. And architectual improvements allowing the handicapped access to public spectator events appear to be an obvious necessity.

Group n° 2

Pony-riding. The child and the animal

Chairman : Hon. Mrs. Jennifer Baillie, United Kingdom
Rapporteur: Mr. Robert Moreau, France

At the inaugural meeting on Monday, 22nd June, Professor Michel Manciaux said that leisure provided a development context for the handicapped on two conditions:

- that they feel themselves closely backed up by persons with whom they can develop positive relationships;
- that leisure activities are related to other activities notably, it was felt, at school and work. This is also what we were told by Mr. Pierre Duguet on behalf of the OECD who said that leisure, the school and work were inseparable in a coherent policy for the integration of the handicapped.

Professor Tomkievicz then asked us to consider whether the essential object of leisure activities available to handicapped persons, mainly horse-riding so far as our group was concerned, and more specifically what we have referred to as "the pony-world" to which handicapped children had access, was:

- self-fulfilment through shared enjoyment;
- or to be a general and in most cases positive tool to influence the development of a handicap no longer seen as either "fixed" or "fixing";
- or rather (so we felt) a way of preventing additional handicaps which, due to lack of affection, over-protection or inadequate stimulation, in too many cases supplement the child's original handicap. (A recent survey in the Paris region appears to show that 70 per cent of handicapped children from age 8 to 18 suffer from such additional handicaps.)

To start with we wanted to stimulate thinking among the 24 members of the Group (three British, three Germans, one Australian, one American and a majority of French) by asking what appeared to be two specific questions:

The first dealt with what each country did to ensure there was no danger of riding clubs doing more harm than good from the medical standpoint.

Medical thinking on the advisability or otherwise of horse-riding generally recommends that the doctor give his attention to three points:

- the spine (less to reveal any contra-indication than to avoid any anomaly subsequently found being attributed to the sport);
- hernial openings;
- sight.

On the other hand, medical thinking on this subject also explains the value of horse-riding by emphasizing primarily that each movement of the rider produces a "response reaction" in the horse which will change direction or speed and that it is through this "grip" on the horse that the handicapped person perceives:

- at first, reactions which are increasingly full (from a walk to a trot, if he tightens his legs);
- later, reactions which are increasingly subtle, as his sensitivity increases.

In this way a dialogue is established between horse and rider forcing the latter into constant awareness of his position and thus developing his knowledge of his body.

An initial discussion on the absence of any medical contra-indication as regards horse-riding revealed that practice differed from country to country and may leave the question of medical advisability to parents, to the club or to specialised bodies. On the whole, rehabilitation through horse-riding seemed to be a fairly complete form of treatment of the child taken as a physical and mental whole. Two ideas nevertheless emerged: The first was that a problem of medical advisability did arise in the case of those with motor and maybe sensory disabilities. The second was that a medical service will in all cases be concerned to reassure the family and parents: medical opinion facilitated essential relations between the child's family and the riding club.

With this first question it thus became clearly apparent that horse-riding was a complete leisure activity capable of effecting the three facets of the handicap referred to by Professor Manciaux: the deficiency aspect, the functional aspect and the social aspect.

The second question which the Group was asked related to how horse-riding facilities and clubs for handicapped persons were financed.

The experience of those participating in the Group showed that in nearly all cases the initiative to create such facilities was private (usually through an association) and that it was only after becoming established and proving their effectiveness that such facilities might possibly be supported by public finance in accordance with the procedures of the authority or country concerned.

In more general terms, a dialectic seemed to exist between:

- on the one hand, the policy of integrating handicapped persons, i.e. including them in normal sports facilities, thus using normal financing methods; and
- on the other hand, the specific situation of handicapped children for whom horses and ponies offered an opportunity not only for leisure and self-fulfilment but also for education and therapy.

In approaching these two areas: the medical aspect and the financing of facilities, we identified a number of problems and ways in which different countries solved them:

- Firstly, the suitability of horse-riding for autistic children.
- Next, the need to give centres information about a child's condition:

  either, as in the United States, by filling in a detailed form designed by (or for) the club;

  or by including staff with the necessary medical qualifications on the staff of the club itself.
- Thirdly, the various arrangements adopted by each club to put handicapped children and their families in success situations. This was essential for the momentum of the family and to prevent additional handicaps appearing.
- Fourthly, the rejection of specialised riding facilities: the sport is one which handicapped and non-handicapped persons can (and must) engage in together.
- Lastly, these problems also raise issues of training teams of teachers and riding instructors.

Having thus broadly, although superficially, defined the scope of our work and having become acquainted with the experience and, in many cases, strong personalities of those participants working with horses, we directed our attention to three basic concepts connected with horses and horse-riding.

The concept of the pony world and the importance of the initial contacts between the handicapped child and the club environment. The pony world was seen as a self-contained entity for enjoyment, leisure-enjoyment or educational leisure-enjoyment containing an element of risk and enabling the handicapped child to relate to everyone thanks to the pony as a complex tool of positive inter-relationships.

The concept of horse-riding for handicapped children anxious to progress:

- Mastery of a technique was an important starting point for integration and sharing.

- This may entail adapting the "technical aids" formed by the harness of the horse (reins and saddle), but meant that horse-riding was a leisure activity that could really be made accessible to handicapped and non-handicapped children.

- This required a special approach to riding instruction. Numerous examples were given of handicapped persons themselves giving riding instruction to handicapped children. This was of course done under the supervision of highly skilled staff who, in England, for example, had attended specialised courses for riding instructors already highly skilled.

The concept of integration. We discussed its various aspects:

- Integration of handicapped children, first in a leisure group of handicapped children, and then, for some of them, in lessons open to both handicapped and non-handicapped riders.

- Integration of the handicapped person in the real physical world, thanks to the "grip" imparted by being able to direct his mount and being able to move at will within a previously inaccessible area.

- Integration of his handicap by the handicapped person himself, hitherto too often in a failure situation and who once in a success situation is able to see his handicap in perspective, acquire an awareness of his abilities and come to terms with his difficulties. This process of integrating the handicap and becoming aware of ability just as much or even more than of deficiency is a powerful factor in the acceptance of his special situation by the handicapped person himself and by the handicapped or other persons with whom he comes in contact.

- Integration of leisure facilities. So far as horse-riding was concerned the important thing seemed to be that those in charge of clubs should ensure that the facilities they make available are open to handicapped and non-handicapped persons alike and that suitably graduated instruction should prevent situations of blatant intolerance arising. This problem was more one of open-mindedness and appropriate teaching methods than of compliance with some theoretical threshold of tolerance.

- Lastly, "step by step" integration was much easier to achieve in the complex and unconstrained environment of the pony-world than for example in the school environment where pressures for the class as a whole to progress were more strongly felt. We were given numerous examples of the variety of individual learning speeds and of possible relationships between the handicapped child and the horse. In short, "step by step" integration meant doing things together without necessarily aiming at integration in a mixed group comprising both handicapped and non-handicapped children, since not all of them will want or be able to reach that stage. Like other forms of leisure, horse-riding as a sport should remain a voluntary rather than a compulsory activity.

We then tried to see how the various approaches to integration through horse-riding could be linked with what the approach ought to be and what is progressively being introduced in schools and in the working world. Here we found examples - notably in the United States - of successful occupational integration in work with horses. On the other hand it appeared more difficult, given the kind of responsibilities exercised by the members of the Working Group, to measure the effectiveness of horse-riding for the purposes of educational and vocational integration. Such effectiveness existed but had not been measured.

To conclude, our Working Group submits to the organisers of our work the following statement:

"The benefits of exercise in the form of horse-riding by handicapped children affect the entire personality of those concerned. They contribute, subject to certain precautions and together with other measures, towards:

- acceptance of the handicap;

- the prevention of additional handicaps.

They promote self-fulfilment and better social integration. It is necessary to clarify our knowledge and conepts in the three following areas.

- training and the provision of information for staff;

- assessement of results for different forms of handicap;

- the production of technical aids to suit the specific needs of handicapped riders."

Group n° 3

Sporting and other outdoor activities

Chairman : Dr. Jarl Bengtsson, OECD/CERI
Rapporteur: Professor Ana Maria Benard da Costa, Portugal

The Group consisted of twenty-four participants from Australia, Belgium, Canada, Finland, France, the Netherlands, Norwary, Spain, Portugal, and the United Kingdom together with representatives of UNESCO and the Council of Europe.

The Group based its discussion of the topic Sporting and Outdoor Activities on the series of questions suggested. The main points arising were as follows:

1. Problems of outdoor activities and of leisure activities for the handicapped in general. The issue was approached first by Mr. Demichelis of France who set out the problem and the obstacles that organising such activities for severely handicapped children, whether by grouping them together with other similarly handicapped children or by attempting to integrate them into programmes for non-handicapped children, presented.

He then proposed as a solution the organisation of small groups of three children and four teachers who, in a family atmosphere, could communicate with the environment and with other people. These activities could be organised in close co-operation with the family and for periods of varying length.

This theme was taken up by Mr. Thompson, United Kingdom, who described holiday and leisure programmes involving handicapped and non-handicapped young people and adults. These programmes evolved by the PHAB - Physically Handicapped and Able Bodied - were designed to reduce and even overcome obstacles to handicapped persons' access to leisure, travel, outdoor activities, entertainment and sporting events and to public transport. The obstacles were overcome with the help of non-handicapped persons who themselves benefitted from the programmes and who found the human contact and mutual assistance rewarding.

On the same topic mention should be made of information given on the Norwegian programme of day-centres and holiday centres for children with multiple handicaps which were designed not only to promote the child's development and self-fulfilment but also to help the family which needed to be relieved of the child at certain times. Another experiment was described by Mr. Bottemanne, France. This programme involved bringing together families with handicapped and even severely handicapped children and families with non-handicapped children in holiday camps. Instructors took care of the children for several hours each day, giving the parents the opportunity to relax.

2. After the descriptions of these experiments, the Group discussed whether it was necessary to make a distinction between different types of handicap. The conclusion was reached that the same solutions were not appropriate for cases differing as much as physically handicapped persons did from those with severe mental or psychotic handicaps; the scope for integration and participation in activities was totally different. It was necessary to define these cases and devise programmes adapted to differing needs. At the same time the danger of rigid categorisation and classification was also emphasized. It was stressed that each case had to be approached on an individual basis and every need and possibility carefully looked at.

3. The Group then approached the problem of sport and the participation of the handicapped in sporting activities. Two points of view were expressed: sport as a game for enjoyment and sport as competition. The competitive goal was presented from two different and even contradictory standpoints: competition as an instrument of social integration and individual self-fulfilment and competition as, in some cases, an obstacle to integration, an example being swimming pools built to Olympic standards from which handicapped persons were excluded.

To sum up, the problem of the participation of the handicapped in sporting and outdoor activities raised the following problems: the staff required; access to existing community facilities; the need for specialised facilities; the role of national sports federations, sports federations for the handicapped and sports associations.

The essence of the Group's discussions on each of these subjects was as follows:

(i) Staff required: the Group was agreed on the need for specialised staff but also on the importance of assistance and participation by volunteers and non-professional instructors.

(ii) Access by the handicapped to existing community facilities was seen as particularly important. The situation varied enormously from country to country and from region to region. In some cases access was possible while in others the handicapped were excluded or advised to attend at certain times when there was no one else there. As a solution it was proposed that the law should ban architectural barriers in all such facilities, that existing facilities should be modified and that voluntary workers should give assistance to overcome existing obstacles in the meantime.

(iii) On the third point reference was made to certain types of special facilities required: warm water swimming pools, ramps, wheelchairs for sport, etc. But we also pointed out that enormous possibilities exist for integrating handicapped children in activities which do not require special or very costly equipment.

(iv) The role of sports federations and associations was emphasized and, in this context, a report was presented by Mr. Storm, Belgium, on the experience of sports centres with a membership of 75 per cent handicapped and 25 per cent non-handicapped which had been successful. Mr. Wojcinski, France also told the Group of the positive experience of liaison between the Sports Federation for the Handicapped and the various French sports federations. Lastly, the representative of the Council of Europe, Mr. Pinuela, presented the conclusions of studies made by his Organisation on this subject which stress the importance of sports activities for the handicapped.

4. After discussing all these problems of integrating handicapped persons in sporting and outdoor activities, and having regard to the different interpretations of the term integration, the Chairman of the Group suggested a discussion of this concept.

Mr. Cooke, United Kingdom, clarified the matter as follows. Integration could be approached from the following standpoints: geographical integration, i.e. physical proximity between handicapped and non-handicapped persons; social integration, i.e. participation by handicapped persons in recreational and social activities; and functional integration, i.e. total integration implying participation of handicapped persons in all aspects of life.

Following this clarification, the Group discussed the problem of factors promoting integration and were in agreement in accepting that the primary factor was the attitude of society as a whole. The Group also emphasized the importance of integration, if possible, in the first years of life within the family and in the kindergarten, before the serious problems of adolescence arose.

5. Lastly, the Group considered the importance of the views of the handicapped themselves on all these problems which directly concern them. It was clear that they themselves, who are present in society, were the most important factors in changing that society's attitudes. The more their presence in the community was felt, the more the community would accept them.

Conclusion

The Group made the following points:

1. Participation by handicapped persons in sporting and outdoor activities was of enormous significance for their physical, mental and emotional development and was thus an essential form of therapy.

2. Joint participation by handicapped and non-handicapped persons, by children, young people and adults in sporting and outdoor activities was a positive factor for all of them and every means should be employed to promote such participation.

3. The organisation of outdoor and leisure activities for severely handicapped children and young people should be in the form of small groups or with the participation of the family.

4. The integration of handicapped persons in leisure activities should be undertaken with the help of professional and voluntary workers.

5. Training should be provided for professional and voluntary workers at all levels.

6. The handicapped should have access to community sports, recreational and cultural facilities, implying the provision of transport and the removal of architectural barriers.

7. Special facilities required for certain activities should be made available to handicapped persons.

8. The integration of the handicapped should be begun at the youngest possible age.

9. Programmes for the handicapped should take account of the opinions, wishes and suggestions of the handicapped themselves.

To achieve these ends, governments and regional and local authorities must: be given the necessary finance, co-ordinate their efforts to obtain maximum efficiency and make the best use of available resources, prepare the legislation necessary to achieve the ends referred to above and play an active part in educating the public through the use of all available means of communication.

CHAPTER IV

PAPERS

A. Philosophical and Theoretical Issues

1. THE ROLE OF PLAY FOR HANDICAPPED CHILDREN

by Professor Alberto Giordano, Director, Centre de Sante Mentale de l'Unite Sanitaire 17 de Rome, Italy

"On the shores of the worlds without frontiers, the children play and dance for joy. On the shores of the worlds without frontiers, that is the place where all children meet."

These lines by Tagore(1) kept running through my head while I was preparing this paper for the OECD/CERI International Seminar on "The education and social integration of handicapped children through recreational activities" - but I tried to put them out of my mind as being a non-scientific and even rather "playful" argument.

But I was pleased when I discovered quite by chance that Winnicott(2) had quoted the same lines (which, for him as for me, brought back boyhood memories) in his interesting work "Playing and Reality" devoted to the exploration of the "potential space" between the individual and his environment, the subject and the object, in which Winnicott located the experiences of the "transitional object" (symbolic of the link between the child and its mother), of play and cultural life.

Tagore's intuitive lines also seemed to me a particularly apt expression of the principle that play is something all children, whether "normal" or "handicapped" have in common. Moreover, people continue to play - though in a different and sometimes a disguised manner - throughout their life. "In my frail pirogue I strain to cross the sea of desire and I forget that I, too, am playing a game."

After the poets and the philosophers (it was Kant who defined art, like play, as being "an end in itself"), the psychologists tried to discover the essential nature and motivations of play; but they have never completely succeeded, because play is intimately linked with every aspect of human existence (and even, indeed, with animal life), and is so complex a phenomenon that unilateral or simplistic interpretations just will not do. Huizinga(3) held that civilisation unfurls in play and as play.

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(1) TAGORE, R.: La luna crescente, Carabba, Lanciano, 1920.

(2) WINNICOTT, D. W.: Playing and Reality, Tavistock Publications, London, 1971.

(3) HUIZINGA, J.: Homo ludens. Essai sur la fonction sociale du jeu, Gallimard, Paris, 1951.

This is not the place to go into these different theories, about which an abundant literature can be consulted. I do believe, however, that our discussion of the integration of handicapped children through recreational activities may benefit from some reference to these authors who, by describing the way play activities evolve as the child's personality develops through successive stages, have contributed to a better understanding of the psychological problems of handicapped or "maladjusted" children and the meaning of the messages conveyed through play, insofar as it is true that maladjustment in children often originates in a "pathology of communication".

Perhaps it is Henri Wallon, psychologist at the Sorbonne, who should be mentioned first, since his doctrine (like Freud's) was based on a study of pathological cases, as evidenced by his 1925 thesis "L'enfant turbulent" (The unruly child) with its description of "psychomotor types".

Bergeron(1) sums up very well the various developmental stages defined by Wallon.

The impulsive stage during the neonatal period is followed by the second, emotive, stage which presents the beginnings of relationships with others and the origin of character. Then, in the sensori-motor stage (between 8 and 12 months) the first repetitive games appear and, later, interactive games (giving and getting a gentle slap, peekaboo).

Afterwards (between 1 and 2 years) comes the projective stage consisting of ideomotor achievements, where mental images are immediately projected into acts.

Projective activity is only a prelude to representation and stems from imitation, simulation; it can be accomplished only through language and continues after the age of three in the stories children tell and the games they play [Wallon(2), Tran-Thong(3)].

Simulation - which, in a primitive form, can already be noted in animals - plays a preponderant role in children's make-believe games; like imitation, it appears to prelude representation. It is "an act with no real object, though it resembles a real act".

Between the ages of three and five comes the stage of personalism where, rather than being confined to simple gestures, imitation will bear on a role, a personage, and where we see the beginnings of personal activities to construct the ego and affective relationships with the human entourage.

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(1) BERGERON, M.: "Les stades de développement de l'enfant" in: H. WALLON: Vers l'éducation nouvelle, 1963.

(2) WALLON, H.: De l'acte à la pensée, Flammarion, Paris, 1942.

(3) TRAN-THONG: Stades de développement de l'enfant dans la psychologie contemporaine, Vrin, Paris, 1967.

Through games of alternation and reciprocity "the child learns how to extricate himself from situations which successively claimed his attention, to dissolve their original ambivalence, to get to know the relationships of the partners and their reciprocal action"(1).

According to Jean Piaget's theory of the stages of a child's development(2), play activity is expressed through three structures which may be represented by successive and to some extent superimposed curves.

Exercise play, typical of the sensori-motor stage, entails performing some kind of action for pleasure. Exercise play develops during the early months, peaks between the ages of two and three and then gradually decreases.

Symbolic or fiction play ("make-believe") begins during the second year as an expression of pure egocentric thought and consists of "assimilating any object to any other through the intermediary of imitative images. Its function is to satisfy the ego by transforming reality in terms of one's wishes ... it is a distorting assimilation of reality to the ego." Symbolic play is to representative intelligence what exercise play is for sensori-motor intelligence, i.e. a deviation or dissociation tending towards pure assimilation, which still prevails over the processes of accommodation.

This type of play continues to predominate until the beginning of operations, towards the age of seven. It is at this age, too, that the third stage of play activity develops, i.e. *games with rules*, which become the main form of play for adults (though exercise play and symbolic play do not disappear altogether during this last stage). Games with rules are not in contradiction with the idea of assimilating reality to the ego - the principle of all play activities - but seek to reconcile this play assimilation, in a delicate balance, with the requirements of social interaction and reciprocity.

This last Piagetian concept endorses an argument put forward by Wallon(3) in his now celebrated critical debate with the Geneva psychologist. Wallon explains that in the child the phenomenon of cheating is inherently playful, but is intended, above all, to safeguard the hedonistic and liberating aspect of play, which might be reduced so far as to disappear altogether if rules were too rigidly enforced.

The contribution of these two theories to a better understanding and "decoding" of the message conveyed by the handicapped child's play activities (especially in the case of the child who has a severe mental handicap or is psychotic) is already to be found in the unifiying principle that the laws of psychological development can be applied to all children, even though there may be bio-psychological differences between them.

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(1) WALLON, H.: *Les origines du caractère chez l'enfant*, PUF, Paris, 1934.

(2) PIAGET, J.: *La formation du symbole chez l'enfant : Imitation, jeu et rêve*, Délachaux et Niestlé, Paris, 1945.

(3) WALLON, H.: *L'évolution psychologique de l'enfant*, Colin, Paris, 1941.

The most significant sector, naturally, is that of the early stages. Thus, according to Wallon's theory, these initial stages have been demonstrated as existing in the severely retarded - in whose case they usually remain set as stereotypes. But the law of repetition also characterises the play of normal children, and the question is how to make it easier to cross this barrier.

The Piagetian early stages of sensori-motor intelligence have been applied in a most interesting manner by Mary Woodward(1), who offers a new interpretation of the behaviour of mentally defective children, opening up a valuable channel of human communication to behaviour once merely classified as symptomatic.

This introduction to the theory of the psychological study of play would not be complete without a brief look at the solutions put forward by psychoanalysis.

Chateau(2) is sometimes right when he criticises the essentially therapeutic interpretation given by the psychoanalysts to play behaviour. "Their practical concern - natural in doctors - to use the interpretation of certain forms of play in order to discover hidden complexes, has certainly led them to develop excellent methods of research into complexes and psycho-neurotic traits as revealed in play ... But it has impelled them to take into consideration only the play which could be of use to them in their diagnosis or with a view to psychotherapy - that is to say, symbolic play."

To this criticism may be added a view expressed by Winnicott, who was a doctor and a psychoanalyst, that the phenomenon of play should be studied as an argument in itself, supplementing the instinct sublimation concept ... Winnicott sought to formulate a new definition of play, since it seemed to him that no satisfactory definition of play activity existed in the literature of psychoanalysis, in spite of the fact that the psychoanalysis of children was based essentially on their play. Even Melanie Klein, in looking at play, devoted herself almost entirely to the question of its use. Analysts had thus always been too busy dissecting play content to observe the playing child and write about play as an element in its own right.

However, another psychoanalyst, Susan Isaacs(3), in drawing conclusions from a pedagogical experiment, has, I believe, found the best key to interpreting the significance of play both psychologically and psycho-dynamically, when she writes that play is not just the method the child uses to discover the world but is, above all, the activity that ensures mental balance in infancy. Through play the child externalises and harmonises, by elaborating them, all the tendencies of his mental life.

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(1) WOODWARD, M.: "The Application of Piaget's Theory to Research in Mental Deficiency", in: N. R. ELLIS: Handbook of M.D., McGraw Hill, New York, 1963.

(2) CHATEAU, J.: "Le jeu de l'enfant", in: M. DEBESSE: Psychologie de l'enfant, Colin, Paris, 1965.

(3) ISAACS, S.: Social development in young children, Routledge & Kegan, London, 1964.

"Educators have long been aware of the tremendous importance of play, but it is for the psychoanalysts, particularly those working with children, to show, in the most minute detail, how play is in fact the breath of life itself, since through it the child finds his mental balance and succeeds in integrating his desires, fears and fantasies into his personality."

Winnicott, like Isaacs, says that spontaneous play can in itself be of therapeutic value when the adult (parent, educator or even analyst) knows how to play his role of "auxiliary" responding to the child's integrating impulses.

Here one might quote a poem by Ronald Laing(1), one of the creators of the new psychiatry. Describing a scene where children are playing with an adult, he writes: "They are playing a game, they are playing at not playing. If I show that I see they are playing, I break the rules and I shall be punished. I must play their game of not seeing that I see the game."

Finally, we cannot forget the extremely useful contribution made by psychoanalysts to the understanding of play as a defence mechanism for the child's weak ego, as a spontaneous "abreaction", an instrument of catharsis or a means of communication replacing or alternating with language (which has determined the many play therapy techniques first introduced by Anna Freud and Melanie Klein).

The well-known interpretation of the "cotton reel game" (Fort-Da) led Freud(2) to elaborate his theory of the "repetition principle" which governs a large part of behaviour and which we have already met in Wallon's theory of the early stages of development.

Following this principle it is also possible to assimilate play to the ritual ceremonies of primitive peoples and also to certain rigid patterns of ritual behaviour in modern society(3)

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(1) LAING, R. D.: Knots, Tavistock Publications, London, 1970.

(2) FREUD, S.: "Au delà du principe du plaisir", in: Essais de psychanalyse, Payot, Paris, 1951.

(3) ADORNO, T. W. and Coll.: The Authoritarian Personality, Harper, New York, 1950.

I cannot develop this important argument here and, apart from recommending reference to Werner, Levi-Strauss, Benveniste, Erikson, and Agamben, shall confine myself to one quotation from Walter Benjamin(1).

Benjamin writes that even before love takes us out of ourselves and carries us into the existence of another human being whose rhythm is often hostile and alien to us, we start, very early on, to try out original rhythms which are expressed in the most elementary form through play with inanimate objects. Or rather, it is with these rhythms that we take possession of ourselves for the first time. The world of play is regulated, over and above its simple rules and rhythms, by one great law - the law of repetition. We know that this is the very essence of a child's play and that nothing makes him happier than "Again,

again". Through this behaviour, the child manages to overcome the terrors of certain original experiences by taking the edge off them, conjuring them up mischievously, parodying them; and he can also enjoy his own triumphs and victories over and over again.

Another important path opened by the cotton reel game, and above all by Freud's interpretation of it and by the principle of repetition, is the new psychodynamic reading proposed by the Lemoines(2) of the psychodrama technique originally conceived by Moreno. The Lemoines write "Psychodrama is a game and has its rules ... In psychodrama, repetition, to be effective, becomes representation and, in doing so, makes possible the transition from the imaginary to the symbolic ... The function of representation, conceived in this manner, is to draw the line between the imaginary and the real. It literally saves the person concerned from delirium and destruction by allowing him to enter the field of symbolism."

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(1) WERNER, H.: *Comparative Psychology of Mental Development*, International Universities Press, New York, 1948.

LEVI-STRAUSS, C.: "Mythe et Oubli", in: *Langue, discours, société*, Paris, 1975.

BENVENISTE, E.: "Le jeu et le sacré", in *Deucalion*, N° 2, p. 165, 1947.

ERIKSON, E.: *Childhood and Society*, Norton, New York, 1950.

AGAMBEN, G.: *Infanzia e storia* (Il paese dei balocchi; Riflessioni sulla storia e sul gioco), Einaudi, Torino, 1978.

BENJAMIN, W.: *Critiche e recensioni. Gioco e giocattolo*, Einaudi, Torino, 1979.

(2) LEMOINE, G. & P.: *Le psychodrame*, Laffont, Paris, 1972.

In these general remarks on the psychology of play, I have tried to show that the laws which govern this fundamental aspect of the human condition are applicable to all children - allowing, naturally, for the existential history of each individual. And far from being the stigma of a destiny of segregation, the handicap belongs to the history of the child who will spontaneously, even through the exercise play of the lowest levels of mental deficiency, try to progress towards better conditions of interpersonal communication and socialisation.

Extensive research on groups of children classified as "idiots" has borne out this assumption, based on Itard's classic observations of his "wild boy".

Cameron and Magaret(1) found that even the most severely retarded idiot children differed from one another in their spontaneous activities. In one study of a group of 150 individuals, at least thirteen different types of reaction were noted. Usually generalised psychomotor activity and repetitive mannerisms were manifested, but the constructive use of toys was not uncommon.

Speaking at a congress on the treatment of the severely mentally handicapped(2), I said that an analysis of the changes brought about in a severely mentally handicapped child by a more "stimulating" environment shows that it is wrong to think him incapable of rehabilitation and that the "historification" of the idiot gives greater credibility to his right to belong to the society which had excluded him on the basis of parameters concerned with performance, competition and conformism.

There has, indeed, in the second half of the century, been a fundamental change in the philosophy of approach to the problems of the handicapped; the focus of therapeutic attention has shifted away from specific treatment of the handicap, based on medical techniques or special education, towards the educational and social integration of the whole person, even if he suffers from a handicap (which will naturally continue to be treated by every technique possible), by asserting his right to full participation in all community structures.

This process, alongside the abolition of segregative structures (homes, special schools), was supposed to start with the integration - still by no means fully accomplished - of handicapped people into the social mainstream at school and at work. We now possess an abundant store of documentation on this subject - at the international level thanks to recent contributions by the European Communities(3) and the OECD(4).

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(1) CAMERON, N. & MAGARET, A.: Patologia del comportamento (trd. it.), Einaudi, Torino, 1962.

(2) GIORDANO, A.: "Problemi e difficoltà in un reparto residenziale per I.M. gravi", in: Insufficienza mentale grave, Quad. N. P. infant., N° 19, 2, 1973.

(3) COMMISSION DES COMMUNAUTES EUROPEENNES: L'Enseignement spécial, Série Education, N° 11, 1980.

(4) OCDE - REGIONE LAZIO: Handicappati: Esperienze di integrazione nella scuola e nel lavoro, Roma, 1980.

But integration into "free time" activities (games, leisure pursuits, sport, tourism) with so-called "normal" people, which should apparently be the easiest and the most natural meeting place - that sung by Tagore in my opening quotation - seems, on the contrary, to raise a number of problems.

Gunzburg(1) seeks to explain this contradiction by the fact that recreational activities, whether free or organised, perhaps call for a higher intellectual level than that required for elementary, often closely supervised work. But this author fails to say that in leisure pursuits, it is usually harder to break down the psychological barrier of prejudice against people who are "different", and that competitive games tend to exclude the handicapped person or to confine him or her in separate groups. And yet Gunzburg recognises the immense importance of organising leisure activities for the handicapped (until now a much neglected question) so as to give them the chance to overcome social differences and escape isolation.

We have quite often observed that young handicapped people who are integrated at school or at work but have almost no accessible and satisfying leisure facilities suffer from a sort of depression which may even go so far as behavioural regression during holiday periods, which they tend to wipe off the calendar. This indicates a lack of success in the action to bring about integration, which ought to have as its purpose the normalisation of every side of life.

The subject to be discussed at this Seminar is therefore of great interest, since it represents a real need in the various forms of action undertaken on behalf of handicapped persons, forms of action that we are asked to compare and, if possible, improve during this International Year.

Here I should like to refer to the literature on the question - which is still fairly limited in extent.

I am going to start with a study that dates from quite some time ago (1955) but is all the more relevant in that its author, Valerie Hunt(2) had already - at a time still steeped in the logic of marginalisation - taken some tentative steps towards integration.

She believed that in order to understand the true significance of play in the life of a handicapped child we should consider play as an expression of normality ... Play provides a stimulus for the development of the organism and if the handicapped are deprived of this experience the result may be additional physical and psychological handicaps, blocking their normal responses and tending to force them into even greater isolation in their social relationships ... If both normal and handicapped people are deliberately introduced into play groups, with the normal elements being prepared beforehand for this experience and a careful check kept on competitive tendencies, this may help to improve relationships and mutual understanding within the group ...

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(1) GUNZBURG, H. C.: Social Rehabilitation of the Subnormal, Baillère, Tindall & Cox, London, 1960.

(2) HUNT, V. V.: Recreation for the Handicapped, Prentice Hall, New York, 1955.

The recreational interests and needs of the mentally handicapped are no different from those of normal people. The only difference lies in the degree of these needs and the capacity to express them. Above all, handicapped people are individuals and cannot bear to be pigeonholed and have their needs rigidly defined within the limits of any type of classification.

In 1971, at a Seminar held on this subject in the United States(1), this claim to integration was put even more explicitly.

It was stressed that educators must assert the right of handicapped people to experience recreational activities, not only in institutions but also in the community as a whole and, if possible, in their own neighbourhood. The American Park and Recreation Society adopted the slogan: "Include the excluded".

In the United Kingdom, the Committee for the Education of Handicapped Children, under the chairmanship of Mrs. Warnock(2), recommended the extension nationwide of play groups for pre-school-age children and of opportunity groups whose aim was to bring together handicapped and non-handicapped children with their mothers (I am tempted to add "Why not their fathers?"). The results as regards integration in the different age groups were most encouraging.

In the Netherlands Linde(3), in considering the question of integration, noted that there is a need to influence the attitudes of society in actual situations so that "normal" recreational structures may be made to function better and thus be of more use in integrating the handicapped ... Many people fail to understand the real meaning of the concept of integration in the sense of "belonging to".

I am sorry not to be able to quote from works written in other OECD Member countries which will certainly be able to contribute more fully and directly to the Seminar. This introductory statement is not intended to be a monograph but simply a basis for discussion.

I shall therefore confine myself, in concluding, to a few brief comments on the situation in Italy.

Italy is certainly among the leaders as regards the integration of handicapped children in normal schools [which is provided for by law(4)] and at work; this is especially true of the Emilia and Liguria regions. But it can show only a few and as yet undocumented experiments in the integration of the handicapped through recreational activities.

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(1) NESBITT, J. A. (Ed.): Recreation and Physical Education for Handicapped Children, St. José State College, 1971 (mimeo).

(2) SPECIAL EDUCATIONAL NEEDS: H. M. Stationery Office, [illegible] 7212, London, 1978.

(3) LINDE, A.: Talking about integration, Ministry of Cultural Affairs, Recreation and Social Welfare, The Netherlands, 1973.

(4) MINISTERO PUBBLICA ISTRUZIONE: Tecnologie educative per gli handicappati, Bologna, 1974.

The need for such integration has, however, been reiterated in a series of seminars on the subject.

The best work on this subject has been done by the national committee on recreational activities for children [Comitato Italiano Gioco Infantile (CIGI)] whose secretary, Mr. Perego(1) set out the broad lines of its approach in a publication following a seminar organised by the Ministry of Education(2). He stresses that the handicapped child is, first and foremost, a child, and that the activities deployed by the "normal" through work and play are those same sensori-motor and mental activities on which educational action is based. Thus any new psycho-pedagogical developments regarding the play of normal children will also have a bearing on the maladjusted.

But the approach to the question of play and maladjustment was perhaps most fully explored at a congress held in Milan in 1970(3), which discussed all aspects of play for infants, children and adolescents suffering from various types of handicap (mental, physical or sensory).

Now, however, ten years later, we may make one criticism of the views expressed at the congress. It is that many of the papers presented were still too much imbued with an insidious idea of marginalisation, masked by the perfectly legitimate concern to indicate the most suitable games for the various forms of handicap, and putting the emphasis on the therapeutic aspects - which do, of course, exist in the specific context of play - directed by adults (therapists or educators), but which may well reduce the formative and socialising value of spontaneous play to the monotonous and regressive level of "exercise play".

It must be noted, however, that this criticism was already made during the congress, which had also stressed the importance of social integration by means of play. One contribution, from Florence, pointed out that:

"Play puts the mentally defective child in a position where he does not necessarily have to call on his intellectual powers, which are limited in regard to his chronological age but can use other age-related faculties which may narrow the gap between him and the normal child capable of inventing games and organising himself. Through play, our handicapped children managed to reach a level of equality with neighbourhood children without suffering from frustrations which put the adaptive process at risk."

A representative of the Scout movement, describing some successful integration-into-leisure-pursuits experiences, pointed out that: "For handicapped people to play with normal, healthy ones is a powerful means of social integration and, at the same time, a vital contribution to accustoming society to the presence of handicapped persons - an aim which we know, alas, has by no means been achieved yet, in spite of all our congresses."

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(1) MINISTERO PUBBLICA ISTRUZIONE: Integrazione alunni handicappati nella scuola materna e dell'obbligo, Roma, 1980.

(2) COMITATO ITALIANO GIOCO INFANTILE (CIGI): Non esistono parentesi felici; a cura di BELTRAME, E. e PEREGO, D., Ivrea, 1974.

(3) ATTI Convegno Studio "Gioco e disadattamento", 30 Giorni Medicina, 7, 3, 1971.

In the conclusions of the congress, where I stressed the importance of pluridisciplinary teamwork in dealing with all problems of childhood, and especially integration through play, Professor Cesa-Bianchi, a psychologist from the University of Milan, said:

"Today the question of play is considered in terms of a society which rewards performance and, by definition, sets a lower value on the handicapped person; and play is - at best - a waste of time. If we are sure that play fulfils the liberating, creative, expressive, and educative functions evidenced in our discussions, and that the handicapped child must at every level be looked upon in the same way as any other child of his age, then we must admit the relevance of a fundamental questioning of some of the values characterising our society."

I should like to end by mentioning what seems to me to be of great importance: what do the handicapped think of the "experts" proposals on *their* use of free time and their spontaneous play activities.

It is rare - not to say exceptional - to have a contribution to our conferences from someone who has himself lived with a handicap and knows what it means. And this very fact, taken as a form of self-criticism, should make us pause to think about the "colonising" power wielded by normal individuals - even those who are "experts", the ones whom Franco Basaglia(1) calls "the functionaries of consent" - and their primacy over the destiny of those who are "different" or "deviant".

In Italy, the national Association for Assistance to Spastics (AIAS) has especially strong feelings on this problem of "full participation", which is one of the requirements laid down by the United Nations in its programme for the International Year, and has organised three congresses for physically handicapped young people. The first of these was held in 1975(2).

This congress also discussed the problem of free time, and it was pointed out that there are in our society people who, while they are unfortunately sometimes obliged to spend their whole life in so-called "free time", are unable to benefit from the advantages the term normally implies.

This applies, above all, to the handicapped and those who, because they are considered as "different", have not been able to find a real place in society and remain completely outside the mainstream.

The congress noted that there were some good examples of integration into cultural and free time activities, among them the tours and international exchange visits organised by a British body.

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(1) BASAGLIA, F. e F.: *La maggioranza deviante*, Einaudi, Torino, 1971.

(2) ATTI Convegno sui problemi di giovani e adulti handicappati, AIAS, Roma, 1977.

Relations with nationals of other countries - people who are normal but whose language and culture is different - can be a very good means of overcoming feelings of inferiority in the handicapped and, in addition, of bringing home in a realistic manner to all concerned the actual difficulties encountered by the handicapped person in social relationships. It goes without saying that such cultural exchanges must not be arranged for the handicapped, but with their participation.

In a congress recently held in Rome(1), Loris Biondi, who has a fairly serious physical handicap, spoke of the question of free time and stressed, in particular, the need for a normal and satisfying sex life.

Sexuality does, indeed, have its rightful place in the existential field of free time and even of play. It is quite true that sexuality is a game, "the sign language of a very special human encounter"(2) and that a thorough knowledge and mastery of one's body is, from early childhood onwards, a protection and a sound guarantee for the interpersonal relationships that will come later. This is true for all children, but especially for those who are handicapped. Here we might mention the "looking-glass game" devised by Wallon and later developed by Lacan, and Lewis Carroll's phrase, "If I were on the other side of the looking-glass I could hold the orange in my right hand."

I believe that the best way to end this statement on the problems of leisure time for the handicapped is with one last quotation from Loris Biondi:

"The subject 'handicap and leisure time' must always be looked at in the perspective of a change in society; perhaps the profound cultural renewal so desired has already begun. But the ideology of exclusion is always there, on the lookout, and never fails to react every time the handicapped person tries to refuse to play his 'segregated' role ... In today's world of generalised social deficiencies and political choices which take no account of human solitude and distress, the handicapped person must claim his right to a 'historical' existence, even though this decision may involve a price that was not provided for in the traditional role of the segregated."

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(1) BIONDI, L.: "L'handicappato e il tempo libero", in: Atti Giornate scientifiche studio dei problemi degli handicappati, Roma, 1980.

(2) SESSUALITA' E HANDICAPPATI: Feltrinelli, Milano, 1978.

2. HOW RECREATION CAN CONTRIBUTE TO THE INTEGRATION OF HANDICAPPED CHILDREN

by Professor Stanislas Tomkievicz, Director of Research, Institut National de la Santé et de la Recherche Médicale (INSERM), France

Introduction

Before dealing more broadly with the complex question of recreation for handicapped children and young people, the ways in which it may contribute to integrating them in society, I should like briefly to describe two personal experiences. Features common to both were the extreme seriousness of the handicaps affecting the children involved: multiply handicapped and autistic-deficient children, all classed as mentally retarded (IQ 50), and the novelty of the situations, for France at least, which created an effect of surprise, not to say shock, among all who saw what happened. The first experience involved holidays and took place (was it by chance?) in July-August 1968; the second involved horse-riding and occurred in 1975-1976.

The holiday camp arranged seven kilometers from Besançon by my friends and colleagues, Mireille Araneghoity-Algan and Claude Martin, was, to my knowledge, the first attempt of its kind made in France for this type of child. At that time many parents still looked after their children at home because even the psychiatric hospitals refused to accept them; the parents had lost the desire for rest but were afraid of being separated from their children, often for the first time, as one fears the unknown. The children were selected during consultations at the CESAP centres, at a time when this institution was still driven by a missionary faith in its work of safeguarding, rescuing and improving the lot of the most severely handicapped children, rejected on all sides, and providing support for their families whose lives often came close to martyrdom.

Out of 34 children, 30 requests came from their families. Ten of the children were bedridden, and many others epileptic (15), autistic (9) or suffering from serious behavioural disorders. The 25-strong team consisted of three "specialists", 10 local staff performing the material tasks, and 13 quasi-voluntary monitors or assistants, students who had never worked with retarded children and whose preparation consisted of two one-day seminars beforehand and numerous meetings with visiting doctors during the camp.

I spent two days at the holiday camp as one of the visiting doctors, having then had over ten years' experience with this type of child in institutions or at consultations. I must admit I was greatly surprised; although a keen supporter of the experiment, from which I expected a great deal (and which caused me quite a lot of concern), I could not believe my eyes. The children, even some of the bedridden ones, actually changed in appearance; they seemed far less removed from normality, less pathological. I discovered expressions of happiness and contentment which I had no longer come to expect either in institutions or at consultations.

The young and enthusiastic team recounted, not without some healthy exaggeration, how quickly these children, whose normal frame of life was heartbreakingly rigid and monotonous, adapted to an entirely new life. On average, that took five to seven days. The impression of opening out and adaptation was confirmed, once the holiday was over, by a thorough survey:

only six children had gained no apparent benefit from their holiday, 19 had made spectacular and often lasting progress in autonomy (walking, eating, sphincter control), and 10 at least showed a marked improvement in behaviour (contacts, playing, attention). Of the parents, only two had been unable to stand the separation. What were the reasons for this success? An active, natural life in a non-institutional and non-family environment with non-specialised monitors who were treating it all as a holiday.

Seven years later another colleague of mine, Alice Aguettant, managed to introduce a horse-riding programme into a hospital institution with children whom I had known for a number of years. Here too the results, though taking longer to appear, were striking both in strictly neurological terms (stress, balance) and as regards calmer behaviour (sleep, etc.), improved contacts, and progress with language and initiative. Did the credit lie with the horses, the monitors, or simply with the unusual change from a closed and pathological (if not pathogenic) environment to being like everyone else?

One objection that may be levelled at both these cases is that properly speaking there was no "integration" since the activities were confined to handicapped people of the same category. But does integration have to be direct and immediate? May it not be enough, at the outset, to introduce a "normal" activity (holidays, riding, etc.) that is absolutely out of the ordinary for a group whose handicap has pushed them to the margin of society?

However this may be, it is important to define the nature and seriousness of the handicap exactly when reporting experiments or discussing these problems. Too frequently, on the pretext of not labelling children, we are presented with success stories without knowing exactly what has been done. For instance, integrating the best pupils from a special school (SES) in a scout troop is certainly a good deed; at the same time, the children concerned are socio-culturally handicapped but biologically normal and while their out-of-school cohabitation with children from normal classes may raise problems, these problems are quite different from those raised by the really handicapped. When the great Polish doctor and educationist Korczak took children from the Jewish and Catholic sub-proletariat of Czarist Warsaw into the country in 1908 he was performing a revolutionary act, but he never claimed to have provided holidays for handicapped children.

In short, in order to speak of integrating handicapped children, they must really be handicapped children and not poor children or backward social cases; in order to gauge a supervisory team's efforts and merit, we have to know the relational seriousness of the handicap and how society tolerates it. For instance, integrating a diabetic teenager in a neighbourhood football team does not represent the same investment in terms of energy as integrating a psychotic child in a holiday camp.

Our two examples also show the varied meaning that can be applied to the term recreation. In one case it meant holidays, that is a complete break for a limited period with the whole of routine life (in the family or an institution). The riding example shows recreation as play or rather recreation as sport. We shall certainly also have to discuss the problems relating to one of the tools of recreation for children, namely toys.

Lastly, there is a need to define and discuss the very concept of integration: complete mixing with the so-called normal population, mixing on a part-time basis, grouping of handicaps, or more modestly any activity proposed to handicapped people which is usually only available to the non-handicapped.

Recreation

a. Toys

In a major hospital service for retarded children, the funds available for toys (always supposed to be educational ones, of course) were too limited to allow the toys to be replaced at the rate at which the children broke them. A solution was found, unhappily not a very imaginative one: the good quality toys which were bought, educational or not, were put straight into a cupboard and locked away. So the children were left with the usual auto-erotic activities of the institutionalised retarded.

That short anecdote from my own experience shows straight away the difficulties of full integration as regards toys for handicapped children. It is simply not possible to get psychotic or retarded children, and children with serious behavioural disorders, to treat toys with care. Does that mean the toys should be unbreakable? How will that affect the toy's appearance and the pleasure it gives?

Even in the least serious circumstances, merely choosing a toy immediately poses theoretical problems that we can do no more than outline here.

- Carried to its extreme, total integration would mean giving all handicapped children toys designed for normal children, and better still ones designed for normal children of the same age. Integration in that case would be tantamount to denying any handicap existed, something we often come across in pseudo-sociological writings: it works all right with a few very simple "toys" (such as rags or string), or some sensory handicap (such as deafness), or with mild handicaps that really are not there at all. Usually a handicapped child will demonstrate how absurd this approach is by destroying the "normal" toy or leaving it strictly alone. Perhaps a less extreme form of integration might be attempted, however, by giving the retarded or handicapped child normal toys which are intended for younger children? Practice has shown this approach to be inoperative by and large: handicapped children do not play like normal younger children.

- So, after trying out ordinary toys, we find that toys must be adapted to the individual handicap, or rather to the individual child. Noisy toys of varying consistency for blind children; brightly coloured toys for deaf children; toys that can be manipulated safely for children with motor handicaps. It must be borne in mind, above all, that seriously retarded and psychotic children do not follow playing rules as generally understood, and do not attach the same symbolic value to toys that normal children, and hence adults, do. This is often disturbing or indeed intolerable for adults, who feel a painful sense of waste or alienation at a child who does not use a toy according to the dominant cultural code. The frequency of destructive play means that toys have to be replaced frequently, meaning low-cost toys; that is true with very mildly retarded children with unstable or labile attention, too. This makes it practical to change toys and types of play frequently, unless of course the child prefers so-called stereotyped activity and toys with the same object over and over again, ignoring all the others generously spread out before him.

- Should such stereotyping, such regressive, abnormal behaviour far removed from any integration, be tolerated? This question leads us quite naturally to another more general question that we shall have to discuss further on when dealing with play: what is the purpose of toys (and of play)? Should they produce maximum pleasure for the child, handicapped though he is? Or, on the contrary, should they be a tool for education, progress, therapy, normalisation? Can these two concepts be reconciled by separating them to some extent over time? In any event, it seems obvious that anyone for whom a child, even a handicapped one, is still a child rather than an object for instruction or care, would soon think wistfully of the old bits of string when confronted by the notion that all toys have to be "educational", or of psycho-therapeutic or diagnostic value. Most authors here will follow L. Verboven for whom, whatever the child's handicap, the play aspect must always have priority over re-education or learning benefits, though without supplanting them. I feel that we should offer the toys that the child chooses, and at the same time present him with more complex ones to encourage development.

b. Play

The fact of his handicap, as well as the family or institutional environment that he has produced and developed around him, mean that the handicapped child takes very few initiatives to do things; as a result, even more than with a "normal" child, adults have the job of arousing desire to play. But here again, care should be taken to avoid two opposite excesses. Waiting passively for the child's desire to emerge is quite simply murderous, at least in its most extreme forms, where it provides a psycho-modernist rationalisation for the idleness of teams who simply abandon their children. On the other hand, hyper-activism, hyper-instruction and the total substitution of the adult's desire for that of the child lead straight into old-style training more or less dressed up as "behaviour therapy".

Once these two pitfalls have been avoided, imagination should rule in offering the most varied play activities to handicapped children. Fortunately, the list is a long one: from fairly primitive psychomotor and rhythmic play, which can soon degenerate into a boring gymnastics class unless care is taken, through drawing, painting, plasticine modelling, puppets and group games, to horse-riding, various forms of music therapy, and sport. There is a growing number of publications on the subject and more and more experiments have been described, though still remaining far below the immense needs and the deadening boredom that prevails in most of the institutions and families where handicapped children live. What integration value do these activities have?

Broadly speaking, two tendencies may be noted, sometimes conflicting and sometimes supplementing one another fairly harmoniously:

- Some emphasize the specific virtues of given activities: neuromotor re-education, balance, reduction in muscular stress with horse riding, sedation of behavioural disorders and better sleep with music, psychotherapeutic and psychodiagnostic value of free or directed expression with the plastic arts. Integration here is sought through "improvement", normalisation, development.

- Others, however, warn against what they term "diverting" these activities to therapeutic, instructional or diagnostic ends. They lay emphasis on their basically play-related character and aim primarily at happiness, development of the personality, and joy. For them, integration comes from giving handicapped children the right to behave like others, including the right to behave stupidly.

It would of course be mentally satisfying and pleasant to be able to say that if educational activities could be made attractive and personality-developing, the contradiction would be overcome. The Nazi experiment with Strength through Joy has shown the appeasing and ultimately fallacious nature of any attempt to erase this contradiction. What was found true for "normal" children and young people is also true for the handicapped.

I believe that all the efforts to make educational activities as attractive as possible will not remove the need for a time, and indeed a place, where play will be an end in itself and be wholly and exclusively recreation. In fact, a point that perhaps received insufficient attention is how adults' underlying attitudes, both conscious and unconscious, change according to the aim of the activity. Children, even handicapped children, sense the adult's attitude, albeit obscurely and confusedly, which may be why they experience an educational activity (however amusing) quite differently from a play activity, even one that requires great effort.

But in every case, and the riding example brought this home to me very forcibly, when handicapped children devote themselves to an activity (whether predominantly play or education-oriented) that is well-suited to their condition and their desire, they all shed part of their handicapped appearance and this change alone is the first step towards social integration.

A further question arises at this stage, which we shall develop in the following section: how far can these play or recreation activities be arranged in conjunction with nonhandicapped children? The history of the last twenty years and the example of Sweden show that this problem has to be tackled with determination and courage and a disregard for preconceived ideas. What seemed unthinkable twenty years ago in France has today become almost the norm in Sweden, where children whose handicap is sufficiently serious to require special classes mix with their normal schoolmates during recreation and class breaks. I well remember my admiring astonishment in Denmark in 1967, when I saw children from a local school spend a whole day in class together with mentally retarded children from an institution. Yet the atmosphere there was not as happy and relaxed as the one I found ten years later near Venice where my late regretted friend, Franco Basaglia, a leading pioneer in integrating the handicapped and mentally ill in ordinary life, arranged a day in the hospital during which a trisomic child gave explanations about painting to a group of children from the village school.

One thing seems beyond dispute: integration, bringing non-handicapped and handicapped children together, is easier during the periods devoted to recreation than in those given over to learning. We should accordingly exploit to the utmost the fact that differences appear less flagrant and less painful during recreation. Experiments in this area, however, show that here again exaggerated and naive enthusiasm has to be avoided: an adult needs to be present for safety on the one side, and as a buffer and mediator on the other. There is proper disagreement about the optimum proportion of handicapped children in a given group; they will vary according to the type and degree of handicap and the type of activities. For instance, completely mixed classes may easily be tried during periods of passive music therapy; on the other hand, actual conditions and methods need careful consideration if sport involving children with motor disabilities and non-handicapped children is to be arranged. Some research has been done on opening youth centres in France to the handicapped on a permanent basis.

c. Holidays

Whereas games, play and sporting activities produce a brief change in the everyday life of a handicapped child, holidays (in groups, camps or travelling) provide a complete change of surroundings for the whole time over at least a fortnight (in my opinion, the time needed for adaptation rules our experiments for shorter periods). I mentioned earlier the shock that my first holidays with retarded children gave me. Now the Act of 1975 has made the idea "legal" and in France an association (J'interviendrais) has been set up to deal solely with this question. The large number of publications, both in France and abroad, confirm that our enthusiasm of fifteen years ago was sound and reasonable.

The degree of adaptation goes beyond expectations; the change of atmosphere, to which adults react in a high-spirited non-professional way, manages to open even the autistic children out - children labelled, since Kanner, as desiring "sameness", i.e. having a panic fear of all change. Lastly, motor and intellectual progress, and especially progress in autonomy, have consistently been reported.

The question of mixing with non-handicapped children has been answered in a number of ways. Attempts at integration are beginning to flourish, possibly as a reaction against excessive medical specialisation in earlier days. Discussion on this point has to be fair and frank, and the possibility of a range of solutions, according to the type and degree of handicap, should not be ruled out. Integrated holidays of course are better, in principle, than holidays in a closed circle, or a ghetto; but it should not be overlooked that specialised holidays are still better than no holidays at all. Today parents can without great anxiety send a diabetic child to the holiday camp arranged by his school or local council, provided a few precautions are taken; yet let us not forget that twenty-five years ago the holiday camps for diabetics offered these children their very first opportunity to come away, for a short time, from the anxious and protective world of their parents.

Then again, who today can seriously think of sending a bedridden multiply handicapped child to a scout camp with children of his own age? Yet who in France would have dared fifteen years ago to integrate trisomic children in a holiday camp for the non-handicapped? Practical work has now been done on this subject: for instance, three trisomic children are suggested for 110 "normal" children, 12 "emotionally disturbed" children for 60 "normal" ones, two in each group of ten. In other cases up to 10 per cent of the group may be handicapped, provided the buildings are suitable (fitted with ramps, for instance) and more supervisory staff are available, either with special training or fully briefed to look after the handicapped.

Side by side with integration of small numbers of handicapped children, holidays are suggested with a group of handicapped children housed very close to a camp for the non-handicapped. Twinning arrangements of this kind, as in schools in Sweden, allow periods of shared life and periods where each group is by itself for the joint activities to be successful, however, it seems necessary to limit the number of handicapped children. A holiday scheme was operated since 1931 in Great Britain to provide a break with everyday life, by systematically bringing together children with very varied handicaps (from diabetics to deaf and bedridden chldren). In some cases the scout movement integrates a retarded child in each troop, and in other cases arranges camps with retarded adolescents, though the handicap here must be mild. These are places where, perhaps more than in the institutions, play activities can be developed: sailing, swimming, singing, riding, puppets, ball games, and so on

Can this break be made with the same adults who assume responsibility for the handicapped child throughout the year? Among non-handicapped children, increasing emphasis is being placed on "holiday classes" where teachers and pupils travel together to the mountains or the country and organise their lessons and other activities differently from the rest of the school year. But to my knowledge no one has written about a solution of this kind for handicapped children. We may consider, during our discussions, whether schemes of this kind have not appeared solely due to concern for the well-being of the handicapped child, it being thought desirable to give him the fullest possible break. It may well be that a concern for holidays that will give parents and the normal supervisory team a break is not unrelated to this state of affairs.

However this may be, I do not greatly regret it: the handicapped child, and the way that his circle views him, have an almost invincible tendency to become set in a relationship that easily becomes rigid, or indeed stereotyped. In order to develop, or more simply to feel happy, open and different, as a non-handicapped child may feel on holiday, handicapped children need a new eye on them, and the opportunity for a very different relationship from the one that they normally have. This multiplicity of relationships and types of relationships is in fact a characteristic of every "normal" human being, and is hence a step in the direction of psychological integration.

Accepting a change in environment (and adults' right to rest) to be legitimate, the question of voluntary or professional supervision remains. It is a difficult one and both solutions quite naturally have their supporters and opponents. It would be useful, though far from easy, to be able to distinguish the strictly technical arguments from the others, equally legitimate, which lie in the sphere of industrial relations or indeed politics.

Professional supervision will ensure sound medical and psychological practice and a sensible selection of play activities. In a time of unemployment, it may provide short-term work. On the other hand, it is more difficult for a professional worker to look at the children with "new" eyes, something that ought to be part of the break.

Voluntary workers are more likely to make silly mistakes and may shock social sensibilities, like rich people giving lessons to the workers. Nonetheless they have an enthusiasm and simple faith which can sometimes move mountains, and a desire to enjoy themselves which can be so contagious that it will motivate the most passive handicapped children.

An intermediate solution is now appearing in France: holidays supervised by mixed teams of professionals and part-time workers, the latter not being specialists but receiving a wage for the few weeks that they devote to this activity.

The Difficulties

This paper has described a number of problems that stand in the way of providing recreation for handicapped persons and integrating them, and I will confine myself here to dealing with three of the more important ones. I could not, in any case, deal with them all: there is no point in hiding the fact, the difficulties are enormous. Otherwise, how is it that Article 1 of France's Handicapped Persons Act, affirming their right to holidays and recreation is still a dead letter in nine cases out of ten, six years after it was enacted?

I will pass very briefly over the strictly technical difficulties, legion though they are :

- The adjustment of buildings, in terms both of architecture and of furniture and fittings, which should combine the most normal and non-institutional appearance possible with the greatest degree of convenience for the handicapped themselves and their accompanying team. Yet buildings specially fitted out for handicapped people are really the exception, especially in the more pleasant areas.
- The adaptation of toys.
- The development of special teaching methods, of capital importance for sport, riding and participatory music, but equally vital for games without any educational pretensions. It is not easy to find something that handicapped people and adults both enjoy, and they must all enjoy these activities before we can really speak of integration through recreation.

The psychological difficulties seem even greater to me.

One fundamental difficulty which is never properly brought out is the actual legitimacy of handicapped persons' right to recreation. This legitimacy is far from self-evident, and it is no surprise that we had to wait until 1975 - 186 years after the Declaration of the Rights of Man - for it to be formally affirmed. Our civilisation still pays no more than lip service to leisure and recreation, or indeed pleasure, regarding it as a somewhat shameful thing reserved for the wicked well-off who will not get to heaven. The weekly day of rest for workers is less than two hundred years old, and in France holidays with pay have not yet celebrated their fiftieth anniversary. Public opinion and "common sense" holds that people rest after work, and are entitled to "leisure and recreation" to restore their strength. Well, what would the handicapped rest from? Let us remember that all the schemes to integrate handicapped people which we have seen since the Second World War have focused around work. The handicapped are regarded as being better integrated, more like the non-handicapped, and more "normalised", as the work they do and what they produce comes closer to the activity of an "ordinary" worker. The whole educational-productive line of thinking which has (fortunately) superseded institutional confinement is based on work, and a recent proposal by the French Minister of Labour in fact aimed at replacing all the work therapy centres (Centres d'Aide par le Travail - CAT) by sheltered workshops (Ateliers Protégés - AP) on the pretext that these workshops obtained more profitable work from the handicapped (though without considering what sorts of handicaps were involved).

It took the events and the tide of ideas of 1968 before many of us, specialists and technicians working with handicapped children, perceived that in the conventional framework of integration, work was often regarded as a fetish, or having redeeming virtues. And we had to wait until 1974, and the onset of unemployment, before people in a responsible assembly dared to speak of "normalisation" through free time and leisure, play and recreation. (I feel that the right to idleness is rather like the right to sexual pleasure: for the vast majority both are looked on as a reward and not as a right, and I well remember the indignation of nursing and medical staff - and parents - at psychotic children masturbating and the manifest pleasure that it gave.)

Resistance stemming from this principle ("no fun without work") is rarely set out in black and white, but readily finds disguised expression; for instance, "what's the point, the poor children do not understand what it is about", "how can you expect them to enjoy it", "a lot of trouble for nothing", and so on. More occasionally this resistance takes the form of categorical rejection, as when local mayors prohibit holiday facilities for handicapped people in their area on the pretext that their presence would put off John Tourist.

We also have to overcome the difficulties set up by parents of non-handicapped children, who frequently hesitate (and sometimes refuse) to allow their children to mix with the handicapped. It may be noted, however, that it seems easier to convince parents that such integration can be harmless, or even valuable, during recreation or holidays than during the periods allocated to learning.

The third type of difficulties come from parents and paradoxically from institutional teams.

We came up against parents' anxiety right away when launching our holiday experiment in 1968. Reports often mention family fears, and it is hard to separate fear for the child in such resistance from fear of being left unneeded and with nothing to do for the first time, in some cases, for many years. A number of mothers mention that they could not sleep during the period of separation, precisely a time when they could afford to sleep relaxed and calm. Others respond badly to the greater autonomy that separation of this kind may produce, and strive to restore the handicapped child's dependence, which has become not necessary but habitual to them. Psychoanalysts have studied these forms of "resistance to change" with particular attention; in the last analysis, they are quite natural, and we have to counter and circumvent them without ever criticising or accusing parents or making them feel guilty. We need only think here that each and every one of us might well be the parent of a handicapped child and react in just the same way.

It is often more difficult still to overcome the difficulties presented by the usual care teams and their leaders. "J'interviendrais", the association I mentioned earlier, will describe better than I can the difficulties that it encounters in this area. The imperative usually put forward is security, with complete certainty that this has full priority over opening out. The contradiction is surely worth discussing. Here we may simply say that if this imperative had been applied by a totalitarian authority to human beings of all kinds, people would still walk on all fours, fire would not be used, and the New World would remain unknown. The writer, Boris Vian, with his imagined golden cage, demonstrated where an exaggerated concern for children's safety can lead.

In recent times a more sophisticated argument has been put forward to block the principle of holidays and extrainstitutional activities: the principle of psychotherapeutic continuity and the non-dissipation of transfer. I believe - please excuse my bluntness - that these are no more than banners waved to mask jealousy and a desire to hold on to power.

Conclusion

This paper suggests two prime ideas :

- the need to translate handicapped persons' right to recreation into action;
- the beneficial nature of recreation as a direct or indirect means of integration.

It proposes three themes for discussion :

- How can the psychological difficulties which stand in the way of recreation and integration be overcome?
- How far can direct integration during recreation be taken?
- What should be the roles of voluntary and professional staff, respectively, in carrying this out?

3. PROBLEM-SOLVING APPROACH TO THE SOCIAL INTEGRATION OF HANDICAPPED YOUTH THROUGH RECREATIONAL ACTIVITIES

by Professor Michel Manciaux, Director General, International Children's Centre, Château de Longchamp, Paris, France

General considerations concerning handicaps, development, recreation and games

Handicaps

Anything which in everyday life makes it difficult or impossible for the child to share in the normal activities of children of his age. The definition is very pragmatic, but is practical and wide-ranging (cf. chronic illnesses - socio-cultural handicaps).

However, a careful distinction should be made, e.g. at the level of indication/contra-indication, amongst:

- deficiency, an organic notion of lesion, inadequacy, lack;
- the resulting incapacity, a functional notion, and therefore a much more relative term, since it is not invariably proportional to the deficiency and can be remedied;
- the handicap, a social notion par excellence: the gap between the subject's potential and group pressures. The gap as experienced by the subject himself and by others.

The notion of handicaps should also be put on a relative plane: everyone is always handicapped in someone else's eyes. Minaire and Cherpin, in stressing the need for a functional classification of handicaps - according to whether they affect walking, handling or communication - have developed the notion of a situational handicap: the handicap arises from the encounter of a subject - who may be restricted in his functional ability - and a particular situation in which certain reactions are called for.

This approach, while being a fertile source of inferences valuable in everyday life, also has the considerable merit of putting the very notion of the handicap itself on a relative plane, since it may be variable over time - like fitness for a health subject or a sportsman - and may vary according to the infinite variety of situations, in life within the family, at school, in leisure activities, while travelling as part of a group.

Child development

Two recent comprehensive reports from England and the United States have come to our notice, and they conclude with some highly practical advice for those responsible for assistance in child development.
Mia Kellmer Pringle is a psychologist and educationist, and Director of the National Children's Bureau, and at the request of the British Ministry of Health and Social Security, she prepared a report on child needs. She reminds us that for a harmonious development of his personality, every child needs:

- love and security (stability, consistency, identification);
- new experiences;
- praise and esteem (education for success);
- responsibility and independence.

This obviously applies to all children whether handicapped or not.

U. Bronfenbrenner, of Cornell University, in a report on American research on the development of children within their environment, summarises the major achievements of that country's research in four propositions.

(i) A primary development context is a place where the child may observe and undertake activity sequences of increasing complexity, in the company or under the direct guidance of persons with whom he has developed a positive emotional relationship and who possess the knowledge and skill which he himself has not yet acquired.

(ii) A secondary development context is a place in which the child is afforded the opportunity, the possibility and the encouragement to undertake activities he has learnt in a primary context, though now without the active participation or direct guidance of another person with greater knowledge or skill than himself.

(iii) The development potential of a given educational context depends on the degree to which the third parties involved support (or undermine) the activities of persons who interact with the child.

(iv) The development potential of a given context increases proportionally with the number and nature of links between that place and the other living places of the child or the persons in charge of him. These "intercommunications" may be communal activities, two-way communication, or information supplied in each place on the others.

Here again, the relevance of the approach to handicapped children in all their activities is obvious, although it does not mean that it is easy to apply. Suffice to say that there is a need, though also a difficulty, in answering the fundamental needs of the child to ensure that development is as harmonious as possible, and that leisure activities and games, which are an integral part of life for the handicapped child, should not be divorced from the other activities in his existence.

Leisure and Games for the Handicapped Child

The place of games in the development of the child: Vital not only from the physical, sensory-motor standpoint but also from the psycho-emotive point of view. It is more important in a young child than work (with which it is often assimilated by the adult and the child), and should be promoted, afforded due respect, encouraged and shared in by the adult. There is a notion of alternation in life rhythms: even sleep is alternation. However, if the different activities are separated too markedly, aberrations result: the "educational rhythms" are a good - or bad - example of this. Supposing work activities, whether at sch[illegible] in therapy sessions, could also sometimes be leisure activities and [illegible]es.

At different times and according to age, playing is trying out new discoveries, defusing the difficulties and conflicts of existence, imitating loved adults, a gradual process of socialisation (playing alongside someone, then with him - learning to lend), turning physiological abilities to account.

Recreation and games should never be experienced as a constraint but as a pleasurable experience, usually arising from free choice. The role of the adult is equivocal, as he often imposes the leisure activity in terms of time, place and practicalities, both in the family and in an institutional environment (sports and gymnastics at school). The place of others is also equivocal, as team-mates or rivals.

These ambigious elements are at their height in the handicapped child. In addition there are practical difficulties in making time for recreational activities in the very fully-occupied day-to-day life of the handicapped child and the very end and purpose of leisure activities and games is itself laden with ambiguities which are apparent:

- in the declaration on the rights of the child, of which Article 7 states: "The child shall have full opportunity for play and recreation, which *should* be directed to the same purposes as education";
- in the title of our Seminar itself: "The education and social *reintegration* of handicapped children *through* recreational activities";
- and also in the exposition of arguments: "The considerable efforts by governments to *reintegrate* handicapped children socially through the schools should be *extended to recreation*".

All this is very true and admirable, but where in this purpose of view of things is the notion of the thing *for its own sake*, which is so important in this area? Purposiveness and gratuitousness, choosing between them is no easy matter.

A possible solution, better than a compromise, is to view recreation and games as components of a response to the fundamental need of the child to have a harmonious development: the need to have new experiences, responsibility, and success, whether the child is handicapped or not. The necessary adjustments will be more easily done if their purpose is to answer these basic needs.

Recreation as Integration: Problems and Rewards

Recreational activities are difficult to "pigeon-hole" in the very fully occupied day-to-day existence of the young handicapped person. Such activities are difficult to choose as well, especially if they are designed with integration in mind. They must be made to suit, i.e. be in keeping with the child's functional possibilities, though also requiring some effort and steadiness, though without exposure to risk. They must lead to a successful outcome even at a modest level: this is teaching aimed at effort and success. The jump must be set at the right height, neither too high nor too low. A difficult thing to achieve, since the height varies, sometimes from one day to the next in the same child, for reasons both physiological and psychological. The effort of integration should begin at the very beginning: forestalling the need for reintegration is often easier than working towards reintegration (e.g. tolerance in kindergartens).

In the process of integration, each person must make some part of the journey towards the other. There exists for the purpose educational "wrinkles", which, in the right hands, can be used towards integration. In a game between handicapped and able-bodied, the able-bodied can be given to a handicap (e.g. with the knee stiffened, or with eyes blindfolded) in order to make the game fairer. The opportunity can be given a handicapped person to turn to account his compensatory skills (recognition of objects by touch, smell, shape, consistency: a blind child excels at this). Some peaceful pastimes (cards, music, parlour-games) literally "wipe out" certain handicaps and may raise the handicapped child in the esteem of his peers.

These integrated recreational activities are mutually beneficial and they encourage tolerance, mutual help and receptiveness. The same is true for outings, communal holidays and communal outdoor holidays.

To conclude, it should not be forgotten that there are in our society many children who are handicapped through lack of recreation and games.

. Children from deprived backgrounds, who have adult responsibilities thrust on them too early, having to look after younger brothers and sisters, through the default of the parents.

. Poor children, who do not have access to popular recreational activities (the swimming pool is too expensive; the equipment needed to practice a sport or a game e.g. skateboard clothing - are beyond their means; and there are many other examples in our society in which a health trade is carried on in the leisure field).

. Children from middle-class or upper-class backgrounds, driven nose-to-the-grindstone ever since kindergarten (jumping a year in school - private lessons, extra-curricular activities not chosen by the child) and who in sheer practical terms have no time left over for playing.

. Children from all backgrounds whose only "recreation" is television.

All these children handicapped by lack of recreation and games, at an age when such activities are really essential to balance and development, must be given back their childhood and its joys.

Conclusion

Mia K. Pringle, already mentioned, has embodied in a set of "10 Commandments" the major principles of child upbringing. Five of these commandments have a very direct relevance to the theme of this seminar. They are as follows:

- Give generously of your time and understanding - playing with your child is of more importance than a well-kept and well-ordered home.
- Find new experiences for your child - this will enrich the growth of his or her mind.
- Encourage him or her to play in every way, both alone and with other children - to explore, imitate, build, make-believe and create.
- Congratulate him or her more for trying than for succeeding.
- Remind yourself that each child is unique - an attitude suited for one child may not be suitable for another.

No better conclusion can be found to these general considerations, and no better introduction to our proceedings.

B. Synthesis of philosophical and theoretical issues

A MODEL OF SOCIAL INTEGRATION OF HANDICAPPED CHILDREN THROUGH RECREATIONAL ACTIVITIES

by Marie D. Neale, Australia

To touch and to see, to hear and to explore, to rearrange the world, to make one's own rules and find others, to discover oneself in the contact with another, to laugh and to dream, to imitate and create and in that co-ordination of senses and self-expression come to know; this is play, the birthright of every human being.

An expansion of this concept is unnecessary as Professor Giordano has provided us with a sensitive synopsis of the philosophical-psychological attributes of play. He has reminded us, as does Professor Tomkievicz, that severely handicapped and retarded children do not play in the broadest sense. Their neuromotor injuries distort mobility, the co-ordination of senses, limit their spatial world and symbolism is frequently restricted to stereotypic, obsessive preoccupations.

This brief exposition of a model of play and recreation, serving inextricably intertwined goals for personal growth and the opportunities for spontaneous enjoyment of leisure, is an attempt to give a human face to the theoretical issues which the theme of this Seminar projects. It is simply one example - a fuller statement is presented elsewhere(1) - which may provoke debate.

Briefly, the Krongold Centre is a university-based clinical educational service source to the community, providing also a laboratory for scholarship, research and professional clinical training in the field of children's development and learning. It has been architecturally designed around a particular pre-existing philosophy and style of operation, funded in part by the philanthropy of the Krongold family and public appeals, subsidised in part for its training aspects by the Department of Social Security and supported in its academic role by the University.

The Centre offers sessional therapeutic and enrichment programmes, some ten per week, to young people, from a few weeks old to young adults with specific or multiple severe physical and intellectual handicapping conditions. In order to facilitate personal competence and social participation within the community, specific tuition, therapy, or life enhancement activities through art, movement, music, sport and technology are offered also to children with learning dysfunctions in the regular schools or to handicapped young persons in special centres, and to very able children, gifted or with special talents. The University campus provides a rich surround in facilities and talented human resources that can be called upon by the Centre staff.

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(1) Neale, M. D., The Krongold Experiment: Beyond Disability. Paper presented at the 7th International Seminar on Special Education, Rehabilitation International, Vancouver, 1980.

An ecological view is adopted in that each person develops, realises his potential, achieves significance only in relationship to others. The position is taken that an environment rich in human terms provides the climate for intellectual stimulation, a greater variety of behavioural models, and examples of compensatory, adaptative combinations of talent and disability; that in 'structured interactions', both handicapped and non-handicapped become aware of their mutuality.

Since the child's play begins with bodily awareness and in the social playful interactions with its mother, there is first a gentle induction of working with the child and parent in the swimming pool, in the toy library, in the gym, then a gradual moving together into group music, singing, and finally a child's inclusion into small group activities with the specialist staff.

Thus Peter with severe cerebral palsy and epilepsy at three months old comes regularly with his mother to play in the smaller ramp of the pool, to be gently massaged and moved on the trampoline and guided to lift his head upright and sense various bodily positions with the aid of the physiotherapist.

Johnny, whose reduction in limbs likens him to a Thalidomide child, has graduated from the programme to being full-time in the regular school but returns periodically to show staff his prowess in backstroke swimming in the pool.

Catherine, at ten weeks, from a prone position in her pram will watch her sister, Jessica, all of two years of age, sing action songs with her mother and with like 'able' peers.

Paul has attended once or twice a week since 18 months of age. Prenatal insufficiency is implicated in his extremely small physique. At six years old, he is the size of a three-year old, and has attentional, language and social limitations which are being gradually modified in relation to 'able' and 'gifted' peers. These peers assist him in the pool and gym along with the occupational therapist and physical education teacher. But Paul, as a confident user of the Centre, now leads and inducts a newcomer, an 'able' child of three years as his friend into other group activities of music and art. His choice of play beyond the Centre is wide-ranging and now assures him social acceptance.

In all these cases, play has been initiated by members of an interdisciplinary team who work together - planning activities from their conjoint observations of the child, from the profiles of functioning undertaken by psychologists and teachers, and from modifying arrangements according to the naturally occurring reactions and interactions of children with each other in the various behavioural settings. Education and treatment may be one facet of the session but competence and social acceptance lead directly into the idiosyncratic nature of pleasure, as found in play - leisure pursuits - and the expressive arts. For the 'able' child, the situation may be reversed. Personal interests and ability may account for a leisure pursuit that is chosen, such as the culinary arts. This may then lead into an exploration of scientific concepts, the language of another country's cookbook, the cultural history of peoples of the Pacific, and the like.

For an autistic child like Emmie, play may begin as emotional therapy, but in fun with the rotating cymbals of the percussion instruments, the social pleasure of making music with others directs the preoccupation from self to objects, to peers, to teachers, to conventions, then rules and accepted ways of behaviour in particular situations. Choice and flexibility become part of her behavioural repertoire.

The adoption of Piagetian principles and the awareness of progression in development create firm links between the specialists in the interdisciplinary team, many of whom, for funding reasons, are part-time sessional appointments. In the motor skills programme built upon several experiments of the value of an enrichment programme for handicapped children, occupational therapist, physiotherapist, physical education teacher, special education teacher, music specialist and orthoptist work in an easy compatible team arrangement that allows some 18 children to learn motor skills, games, role play drama, the conventions for sport and social interactions, in groups, individually, and then in larger productions.

The competence engendered in the children by the sessional attendance at the Centre transfers gradually back to the school playground and classroom where teachers co-operate with Centre staff in assisting the final stages of functional integration. Thus, an orderly progression in the acquisition of skills gives rise to opportunities for handicapped children to imitate from a multiplicity of peer models, and induces the motivation for repetition necessary to skilled action. The relaxed atmosphere of the art-craftroom where production is not the key concern, together with the music and language story, role play sessions, permit the child to vary his forms of emotional expression. Creativity begins to emerge.

It would be interesting if one could disentangle the effects of structure and treatment from the manifest pleasure that children derive from the programme. Features which appear to contribute to the enjoyment are the range of activities undertaken by an individual in any one session, tuition and use of technical equipment, the tuition by enthusiastic specialists, and the fact that a specified block of attendance means that there is a pace set by staff to achieve as much as possible before the young person leaves the programme.

It is easy to think of individual children as simply single case studies. However, careful documentation of many individuals within art or leisure programmes provide evidence, over time, of the complementary role of education and play. As early as 1964(1), it was possible to demonstrate that a broad art and movement programme could influence markedly the intellectual and social functioning of severely to profoundly retarded children, hitherto excluded from the school systems. The extent of that change can be gauged in that educational authorities subsequently accepted responsibility for all the children (except one child), that is, all the children from both the experimental and control group.

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(1) Neale, M.D., The effect of a broad art and movement programme on 'trainable' retarded children. International Congress of the Scientific Study of Mental Deficiency, Copenhagen, 1964.

Since the 1960s, across the world, evidence has mounted that, regardless of the particular medium employed, art, music, motor skills, horse-riding, outdoor sports, positive influences are demonstrable not only upon intellectual social functioning but upon the capacity of the children to initiate play and to make choices for their leisure. For the purposes of this Seminar, the most important fact to be kept in mind is that the handicapped child shall have the right to opportunities to choose how he will play, even if his choice is to do nothing. Yet, it must be recognised that for the very severely handicapped child, no choice will be made nor will he be able to use the opportunities unless structured situations are engineered and social advances made towards him.

The psychological deprivation that can affect the severely handicapped young adult, when his total life has been within an institutional up-bringing, has been increasingly the concern of current philosophy and practice. Within the Krongold Centre, three separate projects for the enhancement of life for severely multiple handicapped young adults have been undertaken in the last three years. The first provided the chance for severely handicapped persons to attend the University, ostensibly for a technical course of ten sessions in the use of power tools in the craft room. While this instructional course provided the incentive and the reason for attending the University, when basic academic skills of the group were primitive in the extreme, the honorary membership of the university students' union opened up the campus to these handicapped young adults. Thus, exhibitions of art, the student market, the barbecues, the wild life sanctuary, the audio-visual studios, photography, propelled the handicapped youth into contact with the regular university students. The next two experimental projects extended the programme and included the science, biology, engineering laboratories and the Alexander Theatre to these handicapped persons, many of whom were in wheelchairs and attending activity centres run by the voluntary organisation, the Spastic Association. For the purposes of this exposition, attention must be drawn to the remarkable response from the University academic and laboratory staff across the campus. Again, the value of the voluntary help of students in the Ecumenical Union, who assisted with the wheelchairs and transport from Centre to departments, must be cited. The project, however, highlighted the difficulties for staff of transport and lifting, of toilet arrangements and feeding for severely physically handicapped persons when innovation projects are made at integration. Without aides, participation for some would have been impossible.

In summary, beneficial effects can be demonstrated from the sensitive structuring of peers as partners, wherein a gifted child or a non-handicapped peer becomes a model for the handicapped child. In return and in his own right, the bright child also benefits from interaction with gifted peers in their own programmes of expressive arts, music and sport. However, the all too rare opportunity for the handicapped child to give something or show the way to a non-handicappped child can also be created within such a setting. Parents also become naturally an integral part of the programme, their awareness of the aims and specifics of programmes augmenting the homework or the dissemination of ideas within the community. Their direct influence can be seen not only in their contributions to the equipment of the Centre but in the hospitality of their homes and farms for fresh experiences with animals, donkey and pony riding. The importance of volunteer assistance is also demonstrated while the significance of an interdisciplinary team is seen when arrangements permit each specialist to demonstrate individual professional skills, while together there is a convergence to an ultimate goal - that the child, despite disabilities, shall be able to use leisure, initiate play or enjoy the company of others in the expressive arts and in nature.

Perhaps one last comment may be permitted from this model to point up our Seminar theme. When visitors to the Centre look in from the viewing windows upon the activities of our programmes, they are unable to distinguish which child is handicapped and which child is gifted. For us there is no label. Each child is significant by his name and his capacity to adapt and function within the pursuits of the particular programme; this is our main concern. If integration is to succeed, this blurring of differences must eventuate.

There is no suggestion here that this model would fulfil the needs of others elsewhere. The operations of the Krongold Centre have evolved from the particular concern of the Director that most graduate professional preparation should integrate theoretical studies with practical experience, assisting young people with a variety of developmental anomalies, abilities and styles of cognitive processing. The style of operation stems from the view that the teaching at a University should be able to demonstrate awareness of and evidence regarding solutions to community problems and to those confronting the teachers in the schools. It also recognises that putting specialist teachers and therapists together does not automatically constitute an interdisciplinary team. "An active team leader is needed to prepare a coherent interdisciplinary programme, to co-ordinate everyone involved in the teaching, to encourage consistent terminology and units. The commitment of time, effort and administrative back-up needed for this co-ordination must not be overlooked"(1).

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(1) Newbould, P.J., in Environmental Problems and Higher Education, OECD, 1976, p. 133.

CHAPTER V

ANNOTATED BIBLIOGRAPHY

This annotated bibliography has been jointly prepared for the Deauville Seminar by the "International Childrens Centre" located in Paris at the Chateau de Longchamp and by the Centre for Educational Research and Innovation of the OECD. It intends to provide a catalogue of recent works and articles in French and English dealing with recreational activities and not, as was the case until recently, the remedial advantages of this or that sport. This bibliography does not claim to be exhaustive but is intended to cover the essential aspects of recreation for the handicapped by listing readily available works and is also intended to encourage the different countries participating in the Deauville Seminar to draw up similar catalogues. The presentation and classification of works under different headings is intended to be a practical aid to the reader.

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(drawing, music, drama, puppetry) 5. 12. 36. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70.

Numbers refer to articles

1. SHERIDAN, M.D.
Spontaneous play in early childhood from birth to 6 years. Windsor, N.F.E.R. Publishing, 1977, 87 pp.

Children's play is analysed according to the child's age and stage of development, then according to the types of activities and their evolution during development. A substantial part of the work is devoted to handicapped children's play. Profusely and remarkably well illustrated and supplemented by practical references (audio-visual documents produced by the author, addresses of various British associations), this work is an excellent tool for those interested in the normal or handicapped child's development and play.

2. PEPITONE, E.A.
Children in cooperation and competition. Toward a developmental social psychology. Lexington, Massachusetts, Toronto, Lexington Books, 1980, 449 pp.

It may appear surprising to find this book, which deals neither with leisure nor with the handicapped, in a bibliography on recreational activities for handicapped children. It ought to be a very valuable source of ideas, however, as cooperation and competition are socially desirable behaviours more difficult to acquire by the handicapped than by "normal" people. A better knowledge of the mechanisms of the relevant attitudes, thanks to E.A. Pepitone's research, should enable all those dealing with the handicapped to take advantage of leisure periods, in particular in company with the non-handicapped, so as to develop the afore-mentioned behaviour patterns.

3. BURTON, E.C.
Physical activities for the developing child. Springfield, Charles C. Thomas, 1980, 292 pp.

The programme put forward in this work concentrates on the child's development and presents activities which respond to the physical, psychological and social needs of children aged 2 to 5. Although not specifically concerned with the handicapped, this work is mentioned because it gives a selection of games and activities encouraging the development of the whole child. Its practical presentation, explanations, examples and numerous illustrations make it a very useful reference work. Furthermore, in the appendix the author proposes methods of evaluating the specific needs of each child and describes a programme set up for a specialised centre.

4. SURAN, B.G.; RIZZO, J.V. et HIRSHOREN, A.
Special children: an integrative approach. Glenview, Ill, Scott, Foresman and Co., 1979, 532 pp.

The handicapped child is one whose efficiency is disturbed by physical, intellectual, affective behavioural or social factors and who needs help to achieve a harmonious development. The authors, guided by their views that the handicapped child is a complete human being, try to find what is most appropriate for them. The work comprises five parts: development problems of the child and the handicapped child; children with sensory, motor or physical deficiencies; children suffering from cognitive defects or with learning difficulties; children with affective and behavioural problems; practical applications. For each sector studied (hearing and sight impairments, mental retardation, disturbed behaviour), the authors, after a detailed analysis of the disorders and their developmental consequences, consider the most appropriate means of intervention.

5. VALLETUTTI, P.L. et CHRISTOPLOS, F. (Eds.)
Preventing physical and mental disabilities: multidisciplinary approaches. Baltimore, University Park Press, 1979, 438 pp.

Though this work focusses on the description of prevention programmes, it may be very useful to those concerned with existing difficulties. Two articles concern recreational activities more particularly: "Art therapy" and "Leisure and recreation services". In the first, Linda Gantt studies the theoretical basis and practical applications of art therapy as a means of dealing with affective problems. Art therapy in care centres, for preschool children, in school, for children suffering from slight cerebral dysfunctions, etc. is analysed and shows that children can gain self control and mastery and increase their creative capacity through art. This provides excellent food for thought for anyone dealing with the handicapped and their recreational activities, the positive aspects being relatively independent of the therapy approach. In the second article, Doris L. Berryman and Aileen R. Borris stress the fact that recreational activities are voluntary activities, indulged in during leisure periods for personal satisfaction and pleasure. It is essential to offer children the opportunity to experience non-structured play which allows them to be spontaneous, to invent, to imagine, to experiment and cooperate with one another. It is necessary to encourage free activities which allow the child to express himself through spontaneous and voluntary effort, to develop his inate resources. These activities must be as varied as possible: educational, cultural, artistic, physical, sporting, and need to be flexibly organised so as to allow free choice and relative independence in practising them.

6. KELLMER PRINGLE, M.
Les besoins de l'enfant. Paris, Documentation Française et C.T.N.E.R.H.I. Publ., 1979, 210 pp.

The handicapped child's needs are the same as those of the ordinary child, but they are often more intense and last longer. This report, based on extensive personal experience and research carried out by Mia Kellmer Pringle at the request of the United Kingdom Department of Health and Social Security, stresses the child's main needs (for love, security, new experiences, praise, responsibility, etc.) and the appropriate responses to these different needs in the real situations of every day life. Some chapters are devoted to children's specific difficulties: learning difficulties, children who are "vulnerable" or "at risk", handicapped children. On the basis of numerous studies, the author states that the way in which a handicapped child manages to cope depends in the final analysis much less on the nature, severity or origin of its condition than on, first and foremost, the attitude of its parents, then that of its contemporaries and teachers and finally that of society. Most comparative studies prove that handicapped children are more disturbed and less mature than "normal" children, but if educational conditions and favourable leisure opportunities are associated with a handicap that is not too severe, there will not necessarily be any significant disruption of development.

7. BRONFENBRENNER, U.
American research on the development of children in their environment.
Paris, UNESCO, Division for the study of development, 1979, 21 pp.

In this article, written specially for the "Symposium on trends in social science research on children" held in Austin, Texas in September 1979, the author stresses the importance of the child's environment and its repercussions on the developmental process. The child needs an environment in which it can observe then participate in increasingly complex activities, at first under the direction of adults with whom it has established positive affective relationships and who possess the knowledge and abilities required for these activities which the child itself does not yet possess. Later, the child needs to be given opportunities and encouragement to try new experiences without being actively directed by an adult. If the child does not have the possibility of exercising its new abilities without the direct intervention of people more able than itself, the developmental process remains incomplete. It often happens that children remain for many hours without having adults with them who can stimulate them to try increasingly complex activities. This stimulation and encouragement to the child to try more and more things on its own should not be omitted in planning the leisure activities of handicapped children.

8. BAUDRY, L.
Les loisirs des enfants déficients auditifs. Réadaptation, 1978, nº 252: pp. 12-13.

The organisation of recreation for children with defective hearing raises serious practical problems because they often possess only very rudimentary language skills and verbal instruction is very difficult or even impossible. With the help of an association, seaside holidays during which the children learn to swim and sail had very positive effects both for the children and their parents who were reassured to see that their child could manage, acquire a certain independence and was "like the others". It is necessary, however, to support these hearing-impaired children and provide a "protective framework".

9. DUTTON, G.
Mental handicap. London, Butterworths, 1975, 176 pp.

The author assembles a great deal of data here: definitions of mental retardation, discussion of the "medical" and "non-medical" causes, etc. A substantial portion of the work is devoted to the physical and mental needs of the mentally handicapped, including their need for leisure and the activities most likely to suit them.

10. THOMAS, G.V.; PHEMISTER, M.R. et RICHARDSON, A.M.
Some conditions affecting manipulative play with objects in severely mentally and handicapped children. Child Care Health Dev., 1981, 7: pp. 1-20.

The authors describe four research studies concerning the manipulatory activity of severely mentally handicapped children. Play being a major vehicle for the child's learning and development, it is interesting to study mentally handicapped childrens' capacity for play and to check whether, as is generally thought, their interest in objects is less than that of normal children. The studies described in this article are based on the play activities of severely mentally handicapped children in institutions. These children have long periods of "empty time" during which they are left to themselves and the aim is to see how these periods can be filled in a positive way. The conclusion drawn from the studies analysed is that while the mentally handicapped differ from normal children in their manipulative activity, this is not systematic: certain children, a minority, seem slower to take an interest in new objects presented to them, but the greatest difference is that less use is made of toys for simulation games and there is less interaction with adults. On the other hand, the play activities of handicapped children, like those of normal children, are but little affected by the quantity of toys provided. Finally, it appears that while the mentally handicapped take no interest in the play material provided for them in the institutional framework, this is not the case when they are at home: there, they play like normal children. It may therefore be considered that the behavioural differences stem from differences between the family home and the institutional environment and that it is at this level that intervention is required, after having identified as precisely as possible the conditions encouraging play activity.

11. CHESELDINE, S.E. et JEFFREE, D.M.
Mentally handicapped adolescents: their use of leisure. J. Ment. Defic. Res., 1981, 25: pp. 49-59

How, and to what extent, do mentally handicapped adolescents use the recreational structures made available to them? This is the question that this study tries to answer. Basing their investigations on existing structures at national level and a survey of 214 families, the authors show that although leisure activities are accessible to the mentally handicapped and are organised on a national scale, at local level they are neither exploited nor used. This seems to be due to many reasons, among which are lack of knowledge about existing facilities and activities as such, lack of the capacities necessary to participate in these forms of recreation, no friends with whom to participate, parental restrictions, etc. By adapting the techniques used for education and rehabilitation to leisure activities, it might be possible to introduce into schools, workplaces and families activities which would encourage handicapped adolescents to experiment and embark on a life similar to that of the non-handicapped and profit from the facilities offered to them.

12. UPTON, G. (Ed.)
Physical and creative activities for the mentally handicapped. Cambridge University Press, Cambridge, 1979, 178 pp.

Physical and creative activities make an important contribution to the education of the mentally handicapped. They are at one and the same time rehabilitational, therapeutic and play activities. Unfortunately, they take up only about one-quarter of the curriculum time in most schools and specialised centres and, furthermore, the training for teachers of the mentally handicapped deals mainly with general educational problems and the psychological and medical aspects and neglects physical education, art and music. The authors of this book try to fill the gap by providing a practical work intended for anyone dealing with the mentally handicapped.

13. LEIBOVICI, M.
Guide des personnes handicapées, de leurs parents et de leurs amis.
Paris, J.B. Baillière, 1978, 327 pp.

This is a practical guide which has been updated to take account of the modifications resulting from the Orientation Act on handicapped persons. It concerns all categories of handicap or chronic diseases and is supplemented by a list of useful addresses, bibliographic references and recent legal texts.

14. VERDIER, P.
Les droits des personnes handicapées. Paris, E.S.F., 1979, 152 pp.

The author analyses the broad directions, procedures and resources resulting from the Act of 30th June, 1975 on handicapped persons' rights and the legislative orders and instructions connected with it. The first part of the work explains the legal texts concerning children and adolescents in terms accessible to the general public. It deals with the practical problems of special education, assistance to families and entitlements to special care and education. The second part deals with handicapped adults. The final chapter, which summarises present legislation in favour of the handicapped mentions some useful addresses.

15. LOSPIED, C.
Handicapés quels sont vos droits? Loi d'orientation du 30 Juin 1975 et vie sociale. Association des Paralysés de France. Paris, Lavauzelle, 1980, 140 pp.

This is a practical guide intended to "help the handicapped to find their way about better in the jungle of diverse and scattered measures which extend across all facets of the life of a handicapped person". The prominence given to the alphabetical index by keywords enables the information sought to be found easily and rapidly.

16. ROGIEZ-NABET, A.
Documentation sur l'enfance handicapée diffusée par les associations de parents d'enfants handicapés ou d'handicapés. Thèse. Médecine. Nancy. 1980, 165 pp.

The role of handicapped children's parents' associations is very important as they supply information, organise meetings, outings, holiday camps and consequently promote leisure activities and the social integration of handicapped children. A. Rogiez-Nabet reviews the publications put out by these associations and analyses them in order to determine what they really have to offer to parents, doctors, teachers and other persons concerned with handicapped children. She notes that the subject of leisure is seldom mentioned, though sport is quite well represented. A little is said about holidays (camps, holiday camps, etc), group outings, but there is little about everyday leisure activities (music, "do it yourself") except in the publications of Guides de France and the "Groupe de l'Association des Paralysés de France". This thesis gives a list of addresses of the various associations, and is a most useful document.

17. ÄRLEMALM, I.
Les activités de loisirs pour les enfants de 7 à 12 ans. Actualités suédoises, 1975, n° 66: 9 pp.

In this article, the author describes various leisure activities for children and cites experiments which prove that "normal" and handicapped children can easily have joint leisure activities, as "normal" children very quickly learn to understand and accept a handicapped playmate. Unfortunately, the experiments referred to are not described in detail (horse-riding lessons for physically handicapped children, recreational groups for music, singing, scouting, etc. comprising normal children and a small number of physically handicapped). Ärlemalm stresses the need, when integrating handicapped children into groups of normal children, "to plan the activities so that they stimulate and interest both the handicapped children and the others", and emphasizes that the group leaders of these "mixed" centres should receive special training.

18. Loisirs (Les) des handicapés. Réadaptation, 1977, n° 242: pp. 3-23.

This special issue of the review Réadaptation is based on reports and accounts of experiences bearing witness to the desire to offer something new to the handicapped, to integrate them into the recreational activities of the non-handicapped, not only during the holiday, but also during leisure periods in daily life. "The right to be together on holiday" is an article focusing on the recent trend (encouraged by legal measures) favouring the reception of the mal-adjusted and people with motor, physical and mental handicaps in normal holiday centres. The author explains that a certain number of measures are necessary: better-trained and more specialised staff, appropriate premises, a proportion of handicapped which should not be exceeded (about 1/10). Different formulas are available, such as the juxtaposition of a holiday centre for the able-bodied and one for the handicapped with periods of joint activities. As regards everyday leisure activities, the article "integration in cultural centres" stresses the problem of premises, the lack of facilities making them inaccessible to the handicapped most of the time and the lack of training on the part of the staff who are "ill-prepared for solving the problems associated with the reception of the handicapped". Fortunately, new initiatives are gradually developing and recently-built cultural centres are usually easily accessible. Following these theoretical articles, the reports of holiday experiences are of great interest: account of a "twinned" stay" (a centre for able-bodied children alongside one for the handicapped), "integration in ordinary holiday centres" of three to five handicapped children, an experiment carried out since 1970, "a family village not like the others", i.e. a camp accepting families accompanied by a handicapped child.

19. ASSOCIATION "J'INTERVIENDRAIS", Paris et FONDATION DE FRANCE, s.l.
Colloque: Loisirs des enfants handicapés. Solutions d'alternance. s.l., 30 octobre 1980, Paris, Association "J'interviendrais", 1980, 185 pp.

This is the record of a seminar organised by the "J'interviendrais" Association. The theme of the seminar was Article 1 of the Act of 30th July, 1975: "Social integration and access to sports and leisure activities for physically, sensorally or mentally handicapped minors and adults is a national obligation". The paper describes certain opinions and experiments, in particular experiments concerning the practice of Alternation and/or Alternatives, the theory of the elsewhere, the therapeutic function of recreaction, experiments with "mini-holiday camps". In addition, there is a glossary intended to define certain terms ("alternance", "alternative", "désinstitution", mouvance", etc...) and the recent legal texts governing recreational activities for the handicapped in France.

20. HERTZOG, V.
L'alternance institutionnelle/extra-institutionnelle et la notion de loisirs des jeunes handicapés. In: Colloque: "Loisirs des Handicapés". Association "J'interviendrais", Paris, 30 octobre 1980. Les Nouvelles du CREAI Midi Pyrénées, 1980, *n° 6*: 6 pp.

The aim of the proponents of alternation between institutional and extra-institutional care is to introduce the concept of alternation which rules the life of "normal" people, into that of the handicapped. Alternation between work and leisure, weekday and weekend, generally seems to be missing from the life of the handicapped, but it is this that permits true leisure and true holidays in that these periods should constitute a break with everyday life, and in particular with everyday life in an institution, and not reproduce the normal routine and way of life in a different environment (sea, country, mountain). To this extent, holiday camps for the handicapped are scarcely appropriate and the proponents of alternation propose other types of holiday stay; the author very briefly describes holiday and travel experiments as well as experiments with extra-institutional recreational activities.

21. Le Loisir dans la vie d'un établissement. *Jeunesse handicapée*, 1978, *n° 57*: pp. 5-6.

In this article, the author shows that even when the handicapped live in a specialised establishment, leisure activities can provide an occasion for contact with "normal" children or adults. Certain precautions are essential: the handicapped/non-handicapped meetings must be prepared in advance, the number of handicapped must be fairly small, not exceeding about 5 to 6 per cent of the participants, and a specific environmental structure is necessary. The author also puts forward the interesting idea of receiving normal children in specialised establishments. This could be very stimulating for the handicapped, but there is the problem, for example, of how to persuade parents to agree to these "visits" to the mentally handicapped.

22. JACQUELIN, M. L'accès aux loisirs des élèves de section d'éducation spécialisée. *Courrier Suresnes*, 1974, n° *13*: pp. 68-69.

In view of the constantly increasing importance of leisure in modern life, it is necessary that children, especially disadvantaged and handicapped children, should have the benefit of an education which enables them to profit from leisure. Do the slightly mentally retarded have the same needs as "normal" children? The author of this report carried out a survey in a college of general education with a special education section in the Paris region. He finds that "the situation of the mentally retarded children is more the reflection of environmental influence than a consequence of the handicap". It is therefore necessary to adopt a more comprehensive view of education, particularly as "for the retarded child, recreation, in addition to the aspects favouring the relaxation, diversion and development of the individual, is a particularly effective means of social integration. In order to succeed in this integration, however, the handicapped child must be able to participate with and like the others in the activities of his environment."

23. GOUTEL, B.
L'accès aux loisirs passe par la participation d'un grand nombre de handicapés aux différentes formes de loisirs actifs. Réadaptation, 1978, n° 252: pp. 7-8.

This work pleads in favour of sport, recreation and physical activities for their own sake rather than as therapy. The aim of physical education is to allow the child to have new motor experiences, which is all the more necessary in the case of the handicapped child as his motor development is retarded by his handicap, the poverty of his motor experiences due in part to over-protection and the poverty of his relationships with the outside world. The means to be employed are the same as for the non-handicapped; the handicapped child must be taught to live in a "real" world, "the children must therefore learn to handle a ball, swim in a public swimming-pool and play the same games as other children". Several conditions need to be fulfilled before a handicapped person can engage in physical recreational activities, however: he must have sufficient independence to be able to derive pleasure from practising a sport, have the financial means and find structures to accept him (clubs for the handicapped, integration into clubs for the able-bodied). "In the field of physical activities, as in recreation generally, much remains to be done, in particular as regards financing and information, for both the public and the handicapped."

24. DELREUX, J.M.
Contribution du scoutisme à l'assistance aux enfants débiles mentaux. Thèse. Médecine. Lille. 1975, 131 pp.

Scouting gives young handicapped people the benefits of a team life different from that of the care centre. This may be an excellent intermediary between life in an institution and integration into normal society, but requires close collaboration between the people in charge of the handicapped and the scoutmasters. Experiments integrating handicapped children into normal scout troops are increasingly frequent. These experiments are organised in stages: at first, joint activities bringing together normal scout troops and handicapped troops are organised, then the handicapped, sometimes severely disabled, are gradually integrated with the "normal" scouts. J.M. Delreux describes two experiments: the first integrating mentally handicapped children into an able-bodied troop of seven patrols, each patrol taking one mentally handicapped child who spent the whole day with the "normal" boys. At no time did the presence of these seven slightly retarded, but disturbed boys weigh on the life of the camp; the experience was very positive despite some difficulties during conversations and the retarded boys were greatly stimulated by the desire to do well and by the novelty of the world they were living in. The second experiment was a 16 day camp for 15 to 18-year-old retarded children only. Many other examples show that real scouting is possible for the handicapped, though team work cannot be done if the group consists solely of the mentally handicapped who are incapable of understanding an overall project. Scouting allows the children, whatever their handicap, to experience exciting adventures in the open air together with other children. To take handicapped children out of the centres where they normally live often poses serious problems for the scout troops, however. Scout-masters who wish to integrate retarded and/or handicapped children in to their troops should receive additional training and the handicapped children must have a minimum of independence before being able to "embark on the scouting adventure".

25. Jeux, jouets, jouer. Les ludothèques. Paris, Centre National d'art et de culture Georges Pompidou, 1979, 66 pp.

The different articles in this review deal with toy libraries in France and abroad. In certain countries, toy libraries are mainly care-oriented and are intended to help children suffering from physical, psycho-motor, mental and/ or social difficulties. In addition to studying methods of setting up libraries and the subsequent problems of operation and management, this work, which stresses the diversity of the objectives aimed at, sets out some fundamental ideas on the subject of toy libraries as places where both "normal" and handicapped children can meet and play together.

26. COMITE NATIONAL FRANCAIS DE LIAISON POUR LA READAPTATION DES HANDICAPES. Paris. Journées d'étude: Le jeu et les jouets de l'enfant handicapé: s.l., 11-13 février 1978. Paris, C.N.F.L.R.H., s.d., 213 pp.

The vital role of play for any child and the important place given to play in the handicapped child's re-education are well-kown. The authors of the different articles consider the young child's needs and the responses to them that play may provide, the educational functions of play and the need to adapt the toy to each child and to teach him to play when his mental or physical handicap makes access to play difficult for him. M.R. Aufauvre studies the place of play in re-education establishments and proposes possible modifications, including opening these establishments to other groups of children; though difficult to achieve, this would allow mixed handicapped/non-handicapped leisure periods. Walter Farraroti and Dino Perego describe Italian experiments including the integration of children with serious psychological problems or various handicaps into normal environments. These experiments took place in nursery schools in Turin and not in recreation centres, but play activities are very important in nursery schools and the analyses relate to games. Other articles, such as the description of toy libraries in Sweden and England, "play at the toy library", "active musical play therapy", "initiation to water through play for handicapped children", "the importance of play for the handicapped child's realisation of his identity", "influence of blindness on play", etc. make this work an excellent source of information and ideas.

27. AUFAUVRE (Mme.)
Les handicapés et le jeu. Réadaptation, 1976, n° 235: pp. 29-34.

Play is a vital necessity for the child and, to the extent that the handicapped child is above all a child, he must be given the same or equivalent opportunities as a normal child. Precisely because of the handicap, however, the choice of suitable toys is often difficult, though the problem of play materials, of suitable toys, is not the only one: obstacles to spontaneous play are found at the institutional level. On the one hand, the premises are hardly roomy enough for the child to have his play corner, on the other hand, in the concern for efficiency in the learning process, play is usually considered solely as a therapeutic instrument and free play is considered a waste of time. "The more serious the handicap, the less opportunity the child has for independent play with or without the aid of an adult. While it is admitted that the lack of play behaviour in a normal child is a worrying sign, the same lack of play is virtually forced upon the more fragile handicapped child". It must be accepted that play is not a waste of time but contributes substantially to the child's development so that the children should be given periods of free time when they can voluntarily participate in play activities. As soon as goals are determined without rigidity - which is by definition contrary to play - and the child is free to participate or not, there is play. But in the case of handicapped children, passiveness, motor and affective dependence are frequent obstacles to the child's spontaneity and he therefore needs to be led and encouraged to discover play. The toy bank proposes various activities to this end.

28. AUFAUVRE, M.R.
Apprendre à jouer, apprendre à vivre. Paris-Neuchâtel, Delachaux et Niestlé, 1980, 296 pp.

In view of the importance of games and toys in a child's development, the need felt by handicapped children to play like others and the difficulties caused by their handicaps, it is necessary to consider handicapped children's games in a special light. The handicap is often a barrier, a shackle on spontaneous play so that the mediation of an adult is necessary. But this adult must be able to see the exact nature of the handicap(s) and propose suitable games and toys which are both stimulating and enjoyable. "Toys contribute to children's development: they stimulate and improve the form of motor functions; they stimulate language and multiply opportunities to observe the real world and influence upon it. They provoke intelligent reactions and facilitate children's integration into the social environment." M.R. Aufauvre provides practical information based on methodical observation and analysis of games and toys in connection with the handicapped child's development (young children, pre-school children, school-children or school-age children, adolescents). The practical information and basic theories set out in this work should help to bring a better response to the play needs of handicapped children.

29. SAND, M. et LUCAS-STEINBACH, M.C.
Et si on jouait? Jeux et activités pour et avec les enfants de 0 à 3 ans vivant en collectivité. Bruxelles, Commission Française de la Culture de l'Agglomération de Bruxelles, 1980, 71 pp.

Games are spontaneous activities on the part of the child, meeting his play needs. But they are too often diverted from this end by adults who use them for psychological diagnosis, to facilitate learning or as therapeutic aids, so that they are no longer real play periods for the child. The first part of this work describes the stages in the normal child's development and the importance of play. The second part, more practical, proposes ideas for games and activities for children up to age 3 in communities (crèches, day care centres) with a very restricted budget. The brochure is intended for teams working in crèches for "normal" children, but may be very useful for establishments for the handicapped, as creative games and activities here, even more than in traditional environments, tend to be "taken over" by the adults desire to educate, rehabilitate and/or interpret.

30. Education par le jeu et l'environnement. Paris, Association Française pour l'Education par le Jeu, 1978, n° 3-4, 44 pp.

The articles in this review analyse the place of play in re-education establishments, the dimensions of play (noise, functional value of the toy, environment and play corners), play equipment from the educational standpoint, and play's contribution to development and spatial organisation. These articles, which concentrate on the education and re-education opportunities offered by play and toys, stress on the one hand the difficulties encountered by many handicapped children who often refuse new games and prefer play activities well below their real capacities and, on the other hand, the educational qualities of certain toys (A. Michelet). Finally, it is pointed out that certain learning processes are facilitated by play as opposed to classroom teaching.

31. VERBOVEN, L.
Le jouet, une thérapeutique nouvelle pour l'enfant handicapé. Bruxelles, L. Verboven, 1977, 136 pp.

It is essential to create more suitable toys for handicapped children, toys for free play rather than tiresome remedial exercises. The author selects toys suitable for the child's age and handicap in order to be able to vary play, but the adaptation of toys to handicapped children will always call for some initiative on the part of the adults who offer the toy and the children who accept or refuse it. The author's main aim is to encourage play activity on the part of the child; if the toys help neuromuscular rehabilitation and development so much the better, but the play aspect remains paramount. A good deal of the work is devoted to a list of toys arranged according to the various neuro-motor handicaps and their therapeutic action on motor functions; these toys should be chosen in the light of the child's age. A list of toys for visually handicapped children is also given.

32. LAMBERT, D.L. et LARUELLE, B.
Evaluation de jouets chez des enfants arriérés mentaux modérés et sévères. Rev. belge Psychol. Pédag., 1979, n° 167: pp. 92-100.

This work analyses and tries to explain the choice of favourite toys in the case of moderately or seriously retarded children. Like any other child, the retarded child shows marked preferences for certain toys. He picks out toys requiring simple actions and producing an immediate result, while toys requiring complex manipulation are little sought. There is no correlation between the mental age of the retarded child and the toys he chooses, "contrary to the situation with a normal child, the indications given by the toy manufacturer ('from the age of two', 'from 18 months to three years') are no basis for choosing toys suitable for retarded children". The choice of toy to offer to children must not be based solely on their preference however; on the contrary, care must be taken to diversify the play material, to "confront the child with more sophisticated toys" and encourage him to take an interest in them in order to avoid too great a stagnation in his development. "Left to himself, the child will not spontaneously be attracted by toys likely to make his development progress".

33. SPASTICS INTERNATIONAL MEDICAL PUBLICATIONS
Conference: Biology of play, Moor Park Hall (Surrey), June 1975.
B. Tizard and D. Horvey (eds). London, William Heinemann, Medical Books Ltd., J.B. Lippincott Co, 1977, 217 pp.

This work contains articles by pediatricians, psychologists and teachers. The article entitled "Play of handicapped children", written by Kay Mogford, studies games and toys for handicapped children as an integral part of educational, medical and social care. The research covers the games necessary for the development of handicapped children living with their families and the creation of a social context enabling them to cope and satisfy their needs. While "normal" children's opportunities to explore the world and vary their experience enables them to acquire new behaviours and new knowledge, the slower development of the handicapped child and the obstacles he meets cause cumulative negative effects. The studies dealing with handicapped children's play shows characteristics in relation to the handicap, but these studies are not sufficient to show how the children compensate for their handicap nor what is the best way to help them.

34. NEWSON, J. et E.
Toys and playthings in development and remediation. London, Georges Allen & Unwin, 1979, 279 pp.

The authors analyse the development of play in the child and consider the specific needs of handicapped children, stressing the means the parents have for helping them. J. & E. Newson try to find the games and toys which will best enable the child to improve his dexterity, his reasoning powers, his imagination and express his emotions and sense of humour. Taking the child and his development as the point of departure and studying toys on this basis, they do not try to find a toy most appropriate for a given age, but the reasons why a child likes such and such a toy and how and why certain toys promote the development of certain children. Two articles in this work are more specially concerned with games and toys for handicapped children. The first, "play and playthings for the handicapped child", by E. Newson and J. Head, stresses the difficulties encountered by the physically and/or mentally handicapped child, whether the handicap be temporary (as the result of illness or accident) or more lasting. Young handicapped children seem to lack both the desire and the capacity to play like other children and this has repercussions on overall development because intellectual deprivation due to a lack of activities, in particular exploratory activities, and emotional and social deprivation are added to the physical handicap. Handicapped children therefore have more need of stimulation than "normal" children, as toys are often not stimulating in themselves and the intervention of an adult is necessary to attract the child towards them and stimulate him to play. In the second article, "Using toys and play remedially", J. Heal and M. Mogford show that the greater the limitations due to handicap the greater the need to provide opportunities for play experience. The handicapped child's dependence on the adult is greater and lasts longer than in the case of the "normal" child, each child has his own personality and the adult must be sensitive to his particular needs. Knowledge and understanding of the needs and capacities of each child at each moment are essential in order to enable him to play really, preserving the game aspect and not using play solely as a remedial and/or therapeutic measure. The adult's role is to stimulate the child to play, to give him the means, but not to impose games on him. This article includes a list of easily obtainable games and toys and the authors explain the cases for which they are most appropriate. A third article devoted to toys for sick children is also of great interest for those concerned with the recreational activities of the severely motor handicapped.

35. COPELAND, A.P. et GOLDEN, D.B.
Assessing and facilitating play in handicapped children. Child Care Health Dev., 1979, 5: pp. 335-346.

Play is a means of cognitive and social learning for all children; it enables handicapped children to acquire skills they lack because of their handicap. It is therefore useful to encourage retarded and or handicapped children to play, but unfortunately special education does not place sufficient stress on play. Encouraging the children to play, providing the opportunity for new play experiences is particularly important for handicapped children, especially as they are very often limited in their capacity to seek these experiences spontaneously by internal (handicap) or external (over-protection) factors. Classes for handicapped children are not homogenous as regards the children's aptitude level, which causes difficulties in planning the activities offered to them, activities which have to take account of the diversity of motor skills, levels of cognitive development, etc. This article proposes a model for assessing the child's play development level, so as to be able to programme incentives to play. The child must be encouraged and stimulated, but not taught, to play; he must be pointed towards new experiences within his capabilities rather than forced to try them.

36. STERNLICHT, M. et HURWITZ, A.
Games children play: instructive and creative play activities for the mentally and developmentally disabled child. New York, Van Nostrand Reinhold, 1981, 107 pp.

The authors describe the psychological principles underlying play behaviour and explain its chronological development, then they analyse games and their influence on sensory and perceptual development, kinaesthetic capacities, visual-motor skills, concentration, memory and reasoning. They point out that games which allow the creative faculties to be exercised are of particular importance in the learning process. This work, supplemented by a bibliography and a list of common objects which can be used to encourage play activities, is most interesting and useful for those who wish to stimulate the development of mentally handicapped children. Although play is described as a means of increasing learning capacity, it must not be forgotten that above all it must give the children the possibility of appropriate behaviour and satisfactions. It is only on this basis that play contributes to development: the child must not be forced. Learning through play is not direct learning, but play facilitates adaptation to the real world. The child must therefore be given the opportunity to learn by means of games, but games must not be regarded as a teaching learning technique.

37. Van Der KOOIJ, R.
A study of the play behaviour of retarded children. Int. J. Rehabil. Res., 1978, 1: pp. 329-341.

In this study, the author shows that the retarded child is less capable of creative play than the "normal" child. It is therefore necessary to put him in contact with the greatest possible number of toys and use either stimulation or demonstration to teach him to play games that are as varied as possible. Van Der Kooij, who bases himself on Piaget's theories, considers that not enough importance is attached to play as a stimulus for sensori-motor and cognitive development. Among the games which retarded children like and which allow them to act on the material provided, are construction games such as Lego, but unfortunately the possible actions vary little and are fairly stereotyped (which is no doubt what retarded children like about them, but this scarcely favours their development). When other games are offered to them, the children are often attracted by them, so that it should be possible to stimulate them to play like normal children, even though account has to be taken of their mental age; on the other hand, the use of special toys should be reserved for the severely mentally handicapped.

38. Guide des vacances pour les handicapés. Paris. Centre d'Information Documentation Jeunesse (C.I.D.J.), 1974, 183 pp.

This little practical guide intended for young handicapped persons reviews holiday activities likely to suit them and give them pleasure (handicrafts, camping, canoeing, international exchanges, riding, hiking, etc.). It points out what financial assistance is available (although holiday centres for young handicapped persons receive no special financial assistance); the different modes of transport and facilities available to the handicapped are listed. A catalogue of holiday guides for the handicapped in France and abroad is included, as well as the references of the official texts concerning leisure and holidays. Finally, a list of holiday associations is appended. This guide will also interest people wishing to work with young handicapped persons as it gives the addresses of training centres for staff and group leaders.

39. FRANCE - JEUNESSE, SPORTS ET LOISIRS (Ministère) Comission interministérielle "Loisirs des Personnes Handicapées".
Les vacances des personnes handicapées. Un temps propice pour vivre ensemble. In: Les vacances des personnes handicapées. Paris, Centre National d'Art et de Culture Georges Pompidou - CCL, 1981, 14 pp.

The Interministerial Commission "Loisirs des Personnes Handicapées" (Handicapped People's Leisure) sets out to facilitate handicapped people's access to leisure and sporting activities with the non-handicapped. This integration can be achieved only under certain material conditions and through the combined wills of the handicapped, their relatives, teachers, doctors and all those in contact with them. The articles in this review describe experiments in integrating handicapped children into holiday centres for normal children and "sports" holidays (hikes, sailing courses) and holiday trips for adolescents.

40. Union Française des Centres de Vacances et de Loisirs (UFCV): Réflexion sur la personne handicapée en situation de loisirs. (Text adopted by the Administrative Council of the UFCV).

This text aims to promote action to integrate the handicapped into traditional recreational structures (non-specialised holiday centres, group holidays). Recreational periods and places offer "special opportunities to develop and differentiate the relational field beyond the direct supervision of the medico-educational team with which the handicapped are often in touch right throughout the year". Setting up "twinned" centres seems an excellent holiday formula as such centres allow periods of joint handicapped/normal activity as well as periods when the two groups are separate. The handicapped group must not be too big, however, otherwise it will not participate in joint activities with the non-handicapped (the handicapped group is either rejected or turns in on itself). Everyday leisure activities are more difficult to organise and promote; yet it is in daily life that the handicapped feel themselves rejected or accepted. "In order to make leisure activities accessible to the handicapped it seems essential that all the partners ... be concerned" including the handicapped themselves, who should take certain initiatives and have an influence on the options put to them.

41. BRETECHE-JULLIEN, O.
Point sur les vacances des handicapés. Au fil des jours (feuilles de liaisons du C.N.F.L.R.H.), 1979, 16: pp. 10-17.

This guide provides addresses and information on holiday opportunities for the handicapped: stays with specialist organisations, in non-specialist organisations which offer opportunities for integration, and opportunities for independent travel according to the nature of the handicap.

42. Une Directrice de Centre de Vacances. L'accueil dans les centres pour valides: A quelles conditions? Rev. Un. Franç. Centres Vacances Loisirs, 1976, n° 131: pp. 18-19.

This holiday centre leader has participated in camps where three mongol children were among 110 other children, another in which deaf and dumb girls and one partially sighted girl took part and, finally one including a dozen emotionally disturbed children and 60 "normal"children. It is thus on the basis of her personal experience that she describes the optimum conditions for receiving handicapped children. She points out that the proportion of handicapped children depends on the type of handicap, that overprotection is to be avoided and, on the contrary, they must be allowed to merge into the community. The handicapped must therefore not be grouped together, but neither must they be completely isolated from one another, "two mentally handicapped in a small group of ten will be stimulated by the others, which may be an excellent thing: in this group there will not be 'the one who needs help', but there will be two, who may lean on one another, but who will walk like the eight others. Two deaf and dumb children will feel less isolated in the same small group". On the other hand, it is necessary to explain things to the non-handicapped children and create a favourable climate for the integration of the handicapped. Finally, it is necessary to give the group leaders additional training.

43. CAVIALE, M.
Dans nos centres de vacances, des enfants "pas comme les autres".
Rev. Un. Franç Centres Vacances Loisirs, 1976, n° 131: pp. 5-7.

The author, leader of a holiday centre, stresses the need for holidays to be synonymous with a break, a complete change from everyday life, especially for the handicapped and maladjusted coming from a hospital or asylum environment. Holiday centres are either specialised camps or twinned establishments, or ordinary camps which accept the handicapped (the least frequent case). Opening holiday centres and camps for "normal" children to the handicapped creates many problems. It is necessary to convince the family that the child will not suffer from the separation, but on the contrary will be helped to achieve independence, to explain to the parents of "normal" children the reasons for the presence of the handicapped, to make alterations to premises in the light of the children's handicaps, to increase the number of staff and have group leaders with a more specialised training and to lay down the criteria for grouping the children. These difficulties can be overcome and such experiments are well worth trying.

44. ROBB, G.M.
Camping for the physically handicapped: a rationale and approach.
Rehabil. Lit., 1973, n° 34: pp. 130-133.

This study on holiday camps for handicapped children starts by asking whether or not it is better for the camps to include both handicapped and non-handicapped children. The author refers to Dibner's studies comparing "fully integrated" camps, i.e. where handicapped children stay with "normal" campers, "semi-integrated" camps and those reserved for the handicapped alone. The conclusion is that the problem is not simply integration/segregation, but that the choice between one formula and another depends on circumstances and that further quantitative and qualitative studies are necessary to assess the true value of integration or separation between the handicapped and the ablebodied. However, it seems preferable for the severely handicapped to go to special camps, at least at first, where efforts should be concentrated on educational and recreational programmes. Camps for the handicapped often bring together people suffering from the same handicap: camps for diabetics, for the motor or physically handicapped, for the blind, etc. This grouping which facilitates care is not necessary for a holiday period, quite the contrary in fact as is demonstrated by the experience of Camp Allen (Bedford, N.H.). This camp, set up in 1931 for children between 6 and 18, is intended to encourage recreational activities designed and adapted to develop the childrens' independence through their voluntary and active participation. The camper is treated as an individual and not as a handicapped person, and for the first time in his life, the child's handicap becomes of secondary importance, giving him new home, new self-confidence and self-esteem, this being favoured by the camp structure, the opportunities offered to have new experiences and form positive relationships with members of the staff and other campers. At Camp Allen, the campers suffer from very diverse handicaps and this community life for children with very different capacities and handicaps is most enriching for them. Because of the spontaneity of the children's reactions, scarcely a day goes by without positive results being recorded as a result of the association of children suffering from different handicaps (a blind child pushing a paraplegic's wheel-chair, deaf and blind dancing together, campers swimming and playing together in the pool without worrying about their handicaps). Through eating, sleeping and playing together, the young campers develop great empathy for one another and, forgetful of their own handicap, they become to some extent capable of hope in the future, though the long-term benefits of a month at camp must not be over-estimated.

45. MORVEZ, M.
Les déficients intellectuels en classe de mer dans le Morbihan. Les activités nautiques. La place réservée à la natation. Courrier Suresnes, 1974, n° 13: pp. 61-62.

Seaside classes "allow activities which meet the motivations and possibilities of the mentally handicapped and a success pedagogy necessary for his rehabilitation". Since they were set up in 1967 these classes have been a great success. Sailing and swimming, together with life at the seaside in a new and very rich environment, favour the child's development. "Swimming is a leisure activity within reach of all... It is no doubt the sport which has most to offer to the mentally handicapped child". One of the aims of this report is to organise additional facilities in seaside class centres to enable handicapped children to bathe and learn to swim in the safest possible conditions.

46. GUTTMANN, L.
Sport for the physically handicapped. Paris, U.N.E.S.C.O., 1976, 53 pp.

This pamphlet, published by the United Nations Educational, Scientific and Cultural Organisation, was compiled under a programme aimed at helping handicapped children and adolescents to be integrated into society, "sport playing an important role in this integration process". Sport has a therapeutic and recreational value, but in addition it improves the psychological equilibrium of the handicapped. However, it is necessary to adapt the sport to the handicapped who can then become fully fledged sports-men and take part in competitions. There are international sports organisations for the handicapped: the International Stoke Mandeville Games Foundation, the International Organisation of Sport for the Handicapped. These associations are based on the Stoke Mandeville Games, organised by the author of this pamphlet. Sir L. Guttmann stresses the need to build sports facilities and swimming pools easily accessible to the handicapped and argues in favour of places where handicapped and non-handicapped sportsmen can meet. He cites the example of the Stoke Mandeville Stadium, designed above all for the handicapped, "but open to certain categories of able-bodied sportsmen". This opening has broken down the barriers between the handicapped and the non-handicapped and has shown that "the integration of the latter into sporting activities was not only possible but was even beneficial for the community as a whole".

47. VRINAT, J.M.
Le sport chez les handicapés physiques. Thèse. Médecine. Tours. 1977, 93 pp.

Considering the importance of sport in reintegrating the handicapped into social life, J.M. Vrinat examines sports as such, and not as a means of therapy. He rightly considers that a physically handicapped person can always find a sport which suits him physically and psychologically and stresses the benefits of sport on the psychological level thanks to the association of the game aspect, the notion of effort, the sporting spirit and strict rules. Practising a sport shows the handicapped that they can do what "normal" people do. Apart from the remedial aspect, which is close to rehabilitation, there is recreational aspect of sport, its value as a psychological stimulus (developing self-confidence, concentration, competitive spirit and team spirit), its effectiveness in social reintegration by permitting encounters between the able-bodied and the handicapped, though unfortunately these are still infrequent. The last 30 years have seen an evolution in sport for the handicapped; sport still retains an undisputed place in the therapeutic arsenal, but its psychological and social importance are increasingly taken into consideration. Sport forms part of everyday life, of daily leisure periods and there are now sports centres for the physically handicapped, the activities being freely chosen except where a particular sport would be medically ill-advised. It would be necessary to go further and organise clubs for the able-bodied with "handicapped" sections, which would facilitate encounters and hence integration, as sport should enable the handicapped to integrate and must on no account create a new segregation.

48. JOLIBOIS, R.P.
L'initiation sportive, de l'enfance à l'adolescence. Paris, Casterman, 1975, 223 pp.

Doctor R.P. Jolibois demonstrates the importance of sport in "improving the quality of life", from the psycho-motor activity essential to the young child's development to the sporting activities proposed to the child and later to the adolescent. This makes sport a "part of preventive medicine". One chapter is devoted to sport for the handicapped. "The handicapped greatly benefit from all the types and methods of physiotherapy that have been devised, ranging from ergotherapy to exercises in water, riding and dancing." The author points out that riding, swimming and ball games are also excellent ways of establishing new contacts with the world of the "normal" and re-integrating into it. Physical education teachers' fear of accidents and refusal to take risks, together with parental over-protection and laziness mean that very many handicapped persons remain below their potential and are deprived of the pleasure that practising a sport could bring them. All methods are valid if they help the handicapped child to make the most of his possibilities and live with the non-handicapped. The author ends by giving some practical information and the addresses of associations in France, Belgium, Canada, Luxembourg and Switzerland.

49. RAUTERBERG, E.
Sport als "Therapie" bei Körperbehinderten Kindern. Öff. Gesundh. Wes., 1974, 36: pp. 811-815.

This report deals with sports activities as a therapeutic aid for handicapped children. Trampolining is one of the disciplines which may be useful for training balance in children with mild forms of cerebral paresis; riding may be useful in serious cases of cerebral paresis if a special programme of exercises on horseback is adopted, as this increases balance and muscle tone. The importance of swimming no longer has to be stressed. In using sport as therapy, however, it must not be allowed to lose its sport and play characteristics which are of major importance on the psychological level.

50. HAUSCHILD, G.; HENNIG, E. et SCHWABEL, L.
Leichtathletik cerebral paretischer Kinder als Beitrag zur Integration dieser Kinder in die Bewegungsräume des gesunden Kindes. Light athletics for children with cerebral paresis: contribution toward the integration of such children in the activities of the healthy child.Les activités athletiques légères de l'enfant I.M.C.: contribution à leur intégration parmi les enfants normaux. Off. Gesundh. Wes., 1977, 39: pp. 634-636.

Based on eleven years of experience, the authors claim that the sports activities of children with cerebral paresis not only improve their cardio-vascular, respiratory and muscular capacities and psycho-motor coordination, but above all increase their self-confidence, thus facilitating their social integration, particularly with "normal" children of the same age.

51. BEDOS, M.
Etude du choix des activités sportives dans un internat pour adolescents handicapés moteurs et de ses conséquences dans l'action éducative. Courrier Suresnes, 1974, n° 13: pp. 58-59.

This study demonstrates that the advantage of sport for the handicapped depends to a large extent on the dynamism and effort of the training team. Practising a sport promotes a "more rehabilitative social integration of the young handicapped person" by facilitating his adaptation to the group, but the handicapped adolescent needs to be encouraged to take up a sport. Sport is "play, gratuitousness of the act, amusement; struggle, participation and physical expenditure; effort, need to surpass one's self, a taste for records; methodical training, will and perseverance; respect for rules, need for safety, discipline, reference" all things which the handicapped adolescent needs and which will help him morally and physically.

52. SALAIRE, M.
Les handicapés et l'équitation. Réadaptation, 1978, nº 252: pp. 17-18.

This article focusses on the rehabilitational aspect of riding for people with motor handicaps, an important aspect which ought also to be known to those considering riding as a recreational activity to offer to the handicapped. The author also points out that the "Association Nationale Handicap-Cheval" replaced the "Association Nationale de Rééducation par l'Equitation" in 1977 and that the new association offers the handicapped, in addition to a rehabilitational activity conducted by medical auxiliaries on medical prescription, the possibility of recreational riding "adapted to the possibilities of handicapped persons desiring to ride for pleasure and relaxation as well as for sport".

53. CENTRE DE GUIDANCE INFANTILE DE L'INSTITUT DE PUERICULTURE DE PARIS.
Journée (7e) Scientifique du Centre de Guidance Infantile de l'Institut de Puériculture de Paris: L'animal dans la vie de l'enfant. Paris, E.S.F., 1980, 232 pp.

Three articles in this work devoted to the multiple roles played by animals in the child's everyday life concern handicapped children. The first, "La thérapeutique par l'équitation" (therapy through riding) describes an experiment in collaboration with the Association Nationale d'équitation thérapeutique et de loisirs pour handicapés. This experiment was carried out with mentally maladjusted children attending a day hospital; boys and girls aged 6 to 14. Sport cannot be said to have been an end in itself here, but rather a means of therapy using riding. The fact remains, however, that the descriptions of the practical arrangement of riding lessons will be useful to those not so much interested in therapy, but more concerned with sport and recreation for the handicapped. The second article: "Experience d'équitation à la Fondation Vallée" (riding experiment at the Vallée Foundation), describes an experiment carried out during a month's stay at a holiday camp. This camp for slightly retarded, psychopathic, psycho-neurotic or problem adolescents, is organised around and in collaboration with a riding club. It is an introduction to riding rather than rehabilitation or therapy through riding. Lessons are given for one hour each morning in an open-air riding school. If the adolescents had difficulties, it was at the practical level of riding rather than of motivation, riding being a very popular activity. The author states that a plan to pursue this experiment throughout the year and not solely during the holiday period is being studied. In "L'enfant arriéré profond et l'équithérapie" (the severely mentally handicapped child and riding therapy), A. Aguettant points out that a first advantage of riding for severely mentally handicapped children in hospitals is to allow them to get out of the hospital environment. Despite the great difficulties encountered in the early stages of practising this sport, the children derive significant benefit: "their ability to pay attention is increased, the clumsiness apparent at the beginning disappears, and their movements become more precise and co-ordinated. Their notorious distraction disappears. Contrary to their reaction in the face of other directed activities, they do not seem to show signs of fatigue and lassitude." There is noticeable relational and motor progress, together with an obvious increase in the children's self-fulfilment.

54. KIRCHEGER, Y.
Equitation et handicapés moteurs dans le cadre d'une initiation scolaire.
Réadaptation, 1976, n° 252: pp. 14-16

The author recounts an experiment in which a class of motor handicapped children took part in beginners' riding lessons organised for primary classes in Seine Saint Denis. Even the children unable to mount participate actively and are stimulated by the new environment provided by the riding centre: they can pet the horse, feed it, saddle it, etc. It is possible to introduce the motor handicapped to riding, but it is necessary to adapt the instruction to the children's real possibilities and close individual attention is required "in order to prevent any beginnings of panic or a possible fall before the child's confidence is shaken". The riding centre, a different environment from the usual one, with its own laws and regulations, puts the child in a new and very enriching situation. Furthermore, thanks to riding he acquires a self-control and self-affirmation which he normally lacks and can be integrated into a world generally reserved for the non-handicapped. "The world of the horse is accessible to the motor handicapped, though obviously to differing degrees. The teaching is the same as for the non-handicapped, but simply requires greater attention to each child, more individualised control, knowledge of each child's handicap and limits, and an adjustment of the speed of acquiring movements and techniques"

55. Manual for teaching swimming to the handicapped. S.l., Canadian Red Cross
Society, 1974.

This little practical guide written for the use of instructors, to help them set up special teaching programmes for the handicapped, may serve as a starting point for anyone wishing to help the handicapped. Its aim is to enable the handicapped to engage in a pleasant and recreational sporting activity which may be practised without help all the year round at any age and whatever the handicap; it is not expensive, allows significant progress favouring physical development (muscular, respiratory, circulatory) and finally, allows the handicapped to participate in activities together with the non-handicapped, thus promoting their integration into "normal" society. It is important to understand the handicapped, their specific needs and differences, and the programmes need to be drawn up taking the handicap as the starting point. For this reason, the guide proposes teaching methods appropriate for the blind, the deaf, the retarded, the physically handicapped, etc.

56. LEROUX, J.Y.
La voile. Réadaptation, 1978, n° 252: pp. 9-11.

The author relates a cruising experiment with two crews of seven persons, five of whom were handicapped. During this week-long cruise, the handicapped participants really did contribute and no difference in behaviour was recorded between them and the able-bodied. They adapted perfectly to life on board. It is difficult to forecast what activities may, or may not, be suitable for the handicapped, which activities they are capable of in view of their capacities: "the problem of limits due to the handicap would be too easily resolved", that is why the author prefers to consider the handicapped as "able-bodied people with different capacities". It is thus possible to envisage many activities, provided that those in charge arrange the situation so as to provide optimum safety.

57. Skating for the handicapped: Discovery of the body and contacts with others. Epanouir, 1980, n° 108: pp. 5-6.

Report of an experiment in the Lyon area: 240 children from 15 organisations participate in ice skating activities, aided by teachers and nurses. The experience is a very positive one. "The rule is that all the children, without exception, take tests resulting in a diploma. This diploma, for the students, is of considerable importance: evidence for their families that they can engage in an activity like all other children". This sport encourages important psychomotor progress, increased confidence in themselves, and further, these children have a chance of meeting "normal" children during their afternoon of skating. "At the beginning the project consisted of permitting the handicapped to practice an outside activity then, we have oriented our efforts towards psychomotor activity and problems of co-ordination. Now, in addition the problem is one of encouraging the relations between the children".

58. SIMPSON, H.M. et MEANEY, C.
Effects of learning to ski on the self-concept of mentally retarded children. Am. J. Ment. Defic., 1979, 84: pp. 25-29.

The authors describe the results of an experiment concerning the effects of learning to ski on the self-concept: participation in a physical activity programme produces a significant change in the selfconcept of mentally retarded children. This improvement seems to be at least partially attributable to success in the physical activity undertaken (in this case learning to ski). The durability of the improved self-concept is not discussed and the long-term effects remain to be studied.

59. SILVER, R.A.
Developing cognitive and creative skills through art. Programs for children with communication disorders or learning disabilities.
Baltimore, University Park Press, 1978, 259 pp.

Drawing, a play activity very popular with children, can help children with language difficulties, whether they be hard of hearing, dumb or having learning difficulties. This research shows that the concepts of space, order, seriation, as defined by Piaget, can be acquired, expressed and tested through drawing. Silver provides procedures for evaluating the cognitive and creative abilities of children and adults unable to communicate verbally. The many drawings contained in the book make it easy to follow the experiments described.

60. CHALAGUIER, C. et MALLEN, G.
Le jeu d'expression et l'imaginaire. Communiquer avec l'enfant. Paris, Ed. Fleurus, 1979, 220 pp.

This work, written by a clinical psychologist and a specialist educator, examines different ways of establishing a dialogue with the child. It explores the world of play which allows real communication between child and adult, the only possible way when dealing with the mentally handicapped or emotionally disturbed. Various experiments are described: a drama game with mentally handicapped children in an institution, an experiment in creating and performing an entertainment for children, an experimental teaching method, a study of a game of expression considered as a therapeutic tool and means of communication. If one is interested solely in leisure and play, the therapeutic aspect can be disregarded and these experiments taken as a basis for new activities.

61. DAVIDO, R.
Le langage du dessin d'enfant. Paris, Presses de la Renaissance, 1976, 253 pp.

As part of a research study on the significance of childrens' drawings and ways of interpreting them, R. Davido studies the drawings of handicapped children, as "all children draw, even blind children". She shows that the drawings are closely related to the handicap from which the child suffers; thus in the case of deaf children it can be seen that great importance is attached to the mouth and/or ears, children blind from birth produce scribbles rather than drawings, the motor handicapped show little or no perception of the bodily structure in their drawings. "A child's handicap also appears in the drawing either directly through accentuating the deficiency or on the contrary, indirectly by hiding it and accentuating the organ which compensates for the handicap."

62. LECOURT, E.
La pratique de la musicothérapie. Paris, E.S.F., 1977, 159 pp.

This work deals with the use of music in therapy and/or rehabilitation. It is essentially practical in its description of take-over procedures, cases likely to respond and anticipated results. Music gives the physically handicapped real pleasure associated with relaxation which is a most important element in view of the frequently encountered contractures and rigidity. It facilitates physiotherapy, reduces relational difficulties and encourages development if the handicapped child succeeds in learning to play an instrument, but "strictly speaking one cannot talk of a 'therapeutic' aim: music has never 'cured" a person with a motor handicap". People with auditory and visual handicaps too, find pleasure and relaxation in music. It facilitates the orthophonic re-education of the deaf, while as regards the blind, the development of a musical aptitude can lead to rehabilitational and compensatory learning. But in order to encourage self-fulfilment this activity must retain its qualities of leisure and relaxation; the effort must not be too great. The retarded, the moderately and seriously mentally handicapped also appreciate music, which allows them access to an aesthetic and artistic dimension which is often non-existent or very impoverished in their normal conditions of life.

63. BONJOUR, M.
Recherches pour une pédagogie active de la musique à partir d'expériences sonores réalisées avec des débiles moyens. Courrier Suresnes, 1974, nº 13: pp. 63-66.

This work is concerned with an experiment carried out over three years at the Dreux psycho-pedagogic medical institute with two groups of six moderately mentally handicapped children with the aim of making them like and practise music without making them "suffer it" or imposing it on them. The author considers it preferable to replace the tonic sol-fa by learning through "sound materials" and "play-rules", which is more recreational. Many examples of musical sequences are described and analysed, the author pointing out that other "musical games" are possible and desirable: "imagination, efforts, experiments (including failures) are never inadmissible so long as their content is actually musical and the children are happy". Ont the other hand, they must not be allowed to do absolutely anything.

64. GLASGOW KOSTE, V.
Dramatic play in childhood: rehearsal for life. New Orleans, Anchorage Press, 1978, 201 pp.

The author concentrates on play as a special means of learning and understanding. She does not put forward a theory of play or toy to define "creativity", "play" or "dramatic play", but illustrates these various activities, describing them and analysing children's behaviour, which makes the work particularly alive. The aim is to encourage the child to play and stimulate it to play games in which its imagination and fantasy have the greatest scope; and dramatic play promotes precisely that spontaneity and imagination.

65. BRIGHTWELL, M.
A day in the life of ... A mixed ability group. Drama-therapy Journal, 1980, 13: pp. 1-6.

The author describes a dramatic play session carried out with a group of nine children suffering from various problems and handicaps. The school where the experiment was carried out has a policy of mixing the children in order to confront them with different types of handicap and to develop their interactions and behaviours which are often limited and restrained because of their handicaps. However, while the variety of problems and handicaps is not a hindrance to a successful dramatic play session, the author considers that only one hyperactive child should participate, otherwise the lack of organisation and control displayed by hyperactive children snowballs and extends to the whole group. Dramatic play is suitable for all, is appreciated by all and promotes development, except in the case of hyperactive children, who do not benefit from it easily: the hyper-activity being further stimulated this by play expression which is too free for them, they cannot participate without disturbing the others and cannot really derive any benefit unless they are "infiltrated" into a group of less active children.

66. JENNINGS, S.
Remedial drama. London, Pitman, 1973, 116 pp.

Dramatic play has not only a recreational value but educational and therapeutic values too. The author, founder of the Remedial Drama Centre, deals mainly with the therapeutic aspects of dramatic play, but the purely recreational aspects are also emphasized. S. Jennings puts forward practical suggestions for varied dramatic activities and considers their use for the handicapped. Her descriptions are very clear and the activities described, including failures, are analysed. The techniques on which dramatic play is based do not require any special knowledge; nurses, social workers, remedial teachers and people generally looking after the children can organise and direct dramatic play and the practical suggestions contained in this work will help them do so. Dramatic play is a very enriching experience enabling the child to make new discoveries (its own body, other children) and to communicate with others. The handicapped can derive even more benefit than "normal" children because they find these experiences more difficult to attain, and there is no barrier to participation in dramatic play.

67. SLADE, P.
Experience of spontaneity. London, Longman, 1969, 300 pp.

This work, based on the author's great experience, is a sort of handbook of dramatic play with the accent on the vital importance of spontaneity in everyday life and the need to increase and make the most of the improvisation capacities of each and everyone, capacities which are too often unrecognised and/or masked. P. Slade attempts to define the very nature of spontaneity, whose expression is easier to see in children and which is characterised by an impression of the sudden, the impulsive, the unexpected. This spontaneity needs to be fostered and developed and the author describes and analyses a number of experiments which are likely to provide a basis for similar work with handicapped children.

68. COURTNEY, R.
Play, drama & thought. The intellectual background to drama in education. London, Cassell, 1974, 302 pp.

Although this work is already relatively old and devotes considerable space to the therapeutic aspects, it is still very interesting as the author deals with general and important aspects of dramatic play. Dramatic play has been an essential part of human creativity since ancient times and should therefore be at the centre of any form of education intended to develop human characteristics; it is a social activity related to the nature of the society and each society develops dramatic play with its own characteristics. It is therefore a particularly good communication medium. Finally, the great importance of imitation in learning must be taken into account; dramatic play promotes and stimulates imitation, enabling the child to assume diversified behaviours and roles and to develop its ability and consequently its social adaptability.

69. BREITENBACH, N.
La vérité des masques. Psychologie, 1977, 90: pp. 28-34

The author of this article, a specialist in dramatic expression (for educational, therapeutic or recreational purposes), organises free make-up periods during dramatic play sessions. The children then have the opportunity to use the numerous cosmetics made available to them and can make up entirely as they like. This activity responds to a spontaneous and deep-rooted desire on the part of the children, most often repressed by parents who do not want their children to make up. Observing the forms and procedures of make-up is very instructive; the make-up reflects in the child's own personality and his place in the social dynamic and takes different forms according to age, testifying to a developmental level. For certain subjects experiencing relational difficulties, free make-up promotes self-affirmation and helps to establish inter-individual relationships. The children greatly enjoy this activity which is beneficial to them, because although making-up is usually done alone, or in pairs, it stimulates social contact. Other studies concerning free make-up, directed by N. Breitenbach, are currently under way and should be published shortly.

70. HENNIAUX, M.
Approche psychothérapique par les marionnettes des enfants débiles moyens et profonds. J. Sci. méd. Lille, 1977, 95: pp. 339-344.

The author assesses a free expression activity carried out over a period of two years in an educational medical institution. The use of puppets allows the mentally handicapped child to engage in a creative activity, which is impossible with other techniques: he does not have enough drawing or language skill and does not easily acquire the necessary technical skill for such manipulations as using plasticine. In addition, playing with puppets is greatly enjoyed by the children as it is very different from school learning which is difficult and experienced as failure. It allows the child's inventive and creative possibilities free rein and "the mentally handicapped child has so many occasions when he feels impotent that it is even more necessary for him than for another to feel successful, strong, capable of organising something". Finally, puppets allow the children to express the real and/or unconscious motives for their behaviour. If one wishes to go beyond the purely play aspect of the puppet sessions, they can serve to define the direction and method for possible individual psycho-therapy.

ANNEX

PROGRAMME OF WORK

Sunday, 21st June, 1981

	Arrival of the participants at the Hotel Royal in Deauville from 5.00 p.m. onwards

Monday, 22nd June, 1981

Morning	Plenary Session: Presentation of the general issues
10.00 a.m. - 11.15 a.m.	Pr. Michel MANCIAUX, General Director, International Children's Centre Pr. Stanislas TOMKIEVICZ, Scientific Director and Director of Research, Institut National de la Santé et de la Recherche Médicale (INSERM), France
11.15 a.m. - 11.45 a.m.	Coffee break
11.45 a.m. - 1.15 p.m.	General discussion
Afternoon	Plenary Session: Recreational activities for young handicapped people: Experiences and trends
2.45 p.m. - 3.15 p.m.	Plastic arts, play and music Pr. Alberto GIORDANO, Director, Centre de Santé Mentale de l'Unité Sanitaire 17 de Rome, Italie Mrs. Dorothy JEFFREE, Hester Adrian Research Centre, Manchester University, United Kingdom
3.15 p.m. - 3.40 p.m.	"Essai de socialisation de polyhandicapés: Initiation au jeu" Film presented by Mme Denise MOUMANEIX, Director, Centre d'Accueil Educatif et de Loisirs pour Polyhandicapés, France
3.40 p.m. - 4.30 p.m.	Riding Mr. Jean LABAN, Vice-President of the Pony Club of France Mrs. Yvonne NELSON, Director, Fortune Centre, United Kingdom Mr. Robert D. DOUGLAS, Director, National Centre for Therapeutic Riding, United States

4.30 p.m. - 5.00 p.m. Coffee break

5.00 p.m. - 6.00 p.m. Sporting and outdoor activities

Mrs. Nina KAHRS and Mrs. Marit SORENSEN, Norwegian College of Sports, Norway

Dr. Wendy CAMPBELL, National Director, Aqua Percept Programme, Canada

Tuesday, 23rd June, 1981

Morning Working Groups

9.30 a.m. - 5.00 p.m. Group N° 1: Plastic arts, play and music

President: Dr. Jerry Dean KELLEY, United States

Rapporteur: Mrs. Nancy BREITENBACH, France

Group n° 2: Pony-riding. The child and the animal

President: Hon. Mrs. Jennifer BAILLIE, United Kingdom

Rapporteur: Mr. Robert MOREAU, France

Group N° 3: Sporting and outdoor activities

President: Dr. Jarl BENGTSSON, OECD

Rapporteur: Mrs. Ana Maria BENARD DA COSTA, Portugal

8.30 p.m. Film projections (16 mm):

"Personimages", Mme. MERLE D'AUBIGNE, France
"Hippothérapie", M. Gottfried VON DIETZE, Germany
"Not just a spectator", Miss Daphne KENNARD, United Kingdom

Wednesday, 24th June, 1981

Morning Plenary Session: Conclusions and recommendations

10.00 a.m. - 11.00 a.m. Reports from the Working Groups

11.00 a.m. - 11.30 a.m. Coffee break

11.30 a.m. - 1.00 p.m. General discussion and Report by the President of the Session and General Rapporteur of the Conference, Pr. Marie Draga NEALE, Monash University, Australia

Afternoon	Plenary Session
2.30 p.m. - 4.45 p.m.	Presentation of films and audio-visual documentation.
4.45 p.m.	Departure of the participants